



**NORTH INTERTRIBAL  
VOCATIONAL REHABILITATION  
PROGRAM (NIVRP)**

**CLIENT APPLICATION**

\*\*\*\*\*

**NAME:** \_\_\_\_\_ **S.S#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City Zip

**MAILING ADDRESS:** \_\_\_\_\_  
(If different than above) P.O. Box/Street City Zip

**TELEPHONE NUMBERS:** \_\_\_\_\_  
HOME MESSAGE

**EMAIL ADDRESS:** \_\_\_\_\_

**TRIBE:** \_\_\_\_\_ **ENROLLMENT #** \_\_\_\_\_ **VETERAN:** Yes No

**DATE OF BIRTH:** \_\_\_\_\_ **MALE FEMALE OTHER**

\*\*\*\*\*

I understand that I am applying to the North Intertribal Vocational Rehabilitation Program (NIVRP) for vocational rehabilitation services that will enable me to achieve or maintain an employment outcome.

I understand that the North Intertribal Vocational Rehabilitation Program will gather information about my disability that is necessary to determine my eligibility for vocational services. I understand that any information gathered about me will be kept confidential (in accordance with 34 CFR 369.46) and will be released only with my consent and as necessary to achieve my rehabilitation or to apply with Tribal, Federal and State laws. I also understand that it could take up to **60 days to determine my eligibility** and if there is a need to go beyond these 60 days that I must sign an eligibility extension form.

I understand that anytime I am dissatisfied with a decision made by the NIVRP staff that I have the right to have that decision reviewed by:

- 1) An Administrative Review, and/or;
- 2) Impartial Review, and/or
- 3) I also understand that I have unlimited access to the Client Assistance Program (CAP), who will assist me in resolving differences between myself and the NIVRP. Instructions on accessing these options were provided at my intake appointment.
- 4) I have the right to choose a representative to help me with the VR process.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE