



**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: _____
CELL/HOME MESSAGE

EMAIL ADDRESS: _____

TRIBE: _____ **ENROLLMENT #:** _____ **VETERAN:** Yes No

DATE OF BIRTH: _____ **FEMALE** **MALE** **NONBINARY**
Pronouns: She/Her He/His They/Them

I understand that I am applying to the North Intertribal Vocational Rehabilitation Program (NIVRP) for vocational rehabilitation services that will assist 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 comply 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; I will need to sign an eligibility extension form.

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

- 1) An Administrative Review, and/or;
- 2) Impartial Review

I understand that I have unlimited access to the Client Assistance Program (CAP), which will help with problem solving through mediation and negotiation around VR rights and responsibilities when working with NIVRP. Instructions on accessing CAP and the Review Process were provided at my intake appointment.

I understand I have the right to choose a representative to help me through the application and VR process.

APPLICANT SIGNATURE

DATE

REPRESENTATIVE SIGNATURE

DATE