



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

CLIENT APPLICATION

NAME: _____ **S.S.#** _____
 First M.I. Last

ADDRESS: _____
 Street City Zip

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

TELEPHONE NUMBERS: _____
 HOME MESSAGE

EMAIL ADDRESS: _____

TRIBE: _____ **ENROLLMENT #:** _____

DATE OF BIRTH: _____ **Male/Female** (Circle one)

I hereby apply to the North Intertribal Vocational Rehabilitation Program for 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 me 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 361.49) and will be released only with my consent and as necessary to achieve my rehabilitation. 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 and eligibility extension form.

I understand that anytime I am dissatisfied with a decision made by the North Intertribal Vocational Rehabilitation Program I have the right to have that decision reviewed by:

- 1) the Program Director, and/or;
- 2) An Impartial Hearing Officer who is knowledgeable about VR, but not associated with the North Intertribal Vocational Rehabilitation Program.
- 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 North Intertribal Vocational Rehabilitation Program. Instructions on accessing these options were provided at my intake appointment.

SIGNATURE OF APPLICANT

DATE OF APPLICATION