



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

INTAKE FORM

Participant Name: _____ DOB: _____
Application Date: _____

Lives in service area: Yes No Verification Documentation: _____

TRIBAL ENROLLMENT STATUS (Required):

Tribe: _____ **Enrollment Number:** _____

____ Copy of Tribal Enrollment Card/Documentation (in file)
____ Requested from Tribe (**Release Needed**)
____ Requested from _____ (**Release Needed**)

Is their first time applying for VR Services: Yes No
If no, when and what program _____
Referred to NIVRP by: _____ Phone Number (if needed): _____

What conditions are reported to affect their ability to work: _____

How does this person believe these conditions prevent them from getting a job, keeping a job or performing the essential duties of their job?: _____

Job Title	Dates of Employment	Rate of Pay	# hrs/week	Reason for Leaving

Do they participate in cultural activities? Yes No
If yes, explain: _____

Any assistive devices or other technology needed to return to work: _____

MEDICAL BACKGROUND:

Are there any other conditions we should consider during the process of this case:
Vision/Hearing/Speech Head Injury/stroke Heart Asthma/Shortness of Breath
High blood pressure Chronic Pain Mobility Seizures/Convulsions
Blood Disorder Tumor/Cancer Insomnia Blackouts/Fainting
Allergies/rashes Stomach/intestines Headaches Bowels

Has this person ever been unconscious? Yes No

If yes, please explain, briefly: _____

Are there problems or concerns with any of the following:

- Stamina/Strength Remembering things Stress
- Following instructions Working too slow Math
- Getting along with others Anxiety or panic Speech
- Absences from work Concentration Coordination
- Reading or writing Anger or short temper Depression

Medical Insurance: Medicaid Medicare IHS Veteran's Other: _____

Is there a history of Behavioral Health treatment? Yes No

Diagnosis: _____

Provider and Date: _____

Is there a history of Substance Use? Yes No

Currently? Yes No Times per week _____

Are you currently participating in:

AA/CA/NA Yes No Times per week _____

Outpatient Counseling? Yes No With whom: _____

Relapse Prevention? Yes No With whom: _____

Any inpatient treatment? Yes No Where/when: _____

Is there another form of treatment which is utilized to maintain sobriety? _____

Medications currently being taken _____

Use of any medically prescribed assistive aids (brace, cane, hearing aids) _____

Physicians/Specialists involved in care: **(Releases Needed)**

Name	Address	Date Last Seen
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Name	Address	Date Last Seen
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EDUCATION BACKGROUND:

_____ High School Diploma _____ GED If didn't complete, highest grade completed _____

College	Dates Attended	Program of Study	Degree Received

Was/Is school difficult? Yes No If yes, how? _____

Did they have an IEP or 504 plan in school?: Yes No Do they plan to further their education? Yes No
Explain _____

Do they have current certificates/licenses (i.e. first aid, CPR, Food handlers, CDL, etc.): Yes No

If yes, what?: _____

MILITARY SERVICE?

Yes No If yes, what branch? _____

Dates of service _____ Discharge type _____

LEGAL BACKGROUND

Ever had a DWI? Yes No If yes, when? _____

Ever had a felony conviction? Yes No If yes, please explain _____

On probation/parole? Yes No If yes, who? _____

TRANSPORTATION:

Reliable? Yes No Own Public Transportation Bike Borrow Vehicle

Valid Driver's License: Yes No If yes, what Number/State: _____

___ Revoked ___ Suspended ___ Restricted Explain: _____

Current Insurance Yes No

MARITAL STATUS: Single Married Separated Divorce Partnership Widowed

Dependent Children: Yes No If yes, how many?: _____

LIVING SITUATION

Rent Own Permanent Temporary Stable: Yes No

Who all lives there? _____

Are Independent Living issues evident: Yes No

If yes, explain _____

COMPARABLE SERVICES AND BENEFIT PROGRAMS: (Releases Needed)

___ Substance Use Disorder Program ___ Behavioral Health ___ Veteran's Program ___ Housing

___ Developmental Disabilities ___ Employment Security ___ Tribal WIA/NEW/GA

___ DSHS (TANF/GAU) ___ Social Security ___ Tribal Social Services

___ Labor and Industries (L&I) ___ Financial Aid ___ DVR/TVR

CURRENT TOTAL MONTHLY INCOME: \$ _____

Source of Income: (Enter amount and frequency)

Wages \$ _____ per _____

DSHS \$ _____ per _____

SSI/DI \$ _____ per _____

GA \$ _____ per _____

Tribal \$ _____ per _____

Other \$ _____ per _____ (please specify) _____

Wages needed to meet current obligations: \$ _____

Unusual economic situation (fines, child support, etc) _____

EMERGENCY CONTACT: _____
Name Phone Relationship

Are there any restrictions on when/how we may contact this person? _____

NEXT STEPS IN ASSESSMENT FOR ELIGIBILITY (Releases Needed):

- ___ Obtain existing medical information from: _____
- ___ Alcohol/Drug Evaluation: (when/where) _____
- ___ Psychological Evaluation: (when/where) _____
- ___ Vision Evaluation: (when/where) _____
- ___ Physical Evaluation: (when/where) _____
- ___ Hearing Evaluation: (when/where) _____
- ___ Other: _____

INFORMATION PROVIDED TO THE NEW APPLICANT:

- ___ Client Assistant Program/Brochure
- ___ VR Process Sheet
- ___ Right's and Responsibilities
- ___ Other _____

COMMENTS: _____

Completed By: _____ **Date:** _____
