

TRIBAL VOCATIONAL REHABILITATION APPLICATION FOR SERVICES

3600 SAN JERONIMO DR. SUITE, 245 ANCHORAGE, AK 99508
Direct: 907-793-3360 | Fax: 907-793-3398 | www.citci.org



Name: _____
(first) (middle) (last) (other)

Social Security #: _____ - _____ - _____ Date of Birth: _____ Gender:
(male) (female)

Mailing Address: _____
(Street/P.O. Box) (city) (state) (zip code)

Physical Address: _____
(Street/P.O. Box) (city) (state) (zip code)

Main #: _____ Work #: _____

Email Address: _____

Tribal Enrollment Corporation:	Knik <input type="checkbox"/>	Alaska Native Ethnicity:	Aleut <input type="checkbox"/>	Corporation Affiliation:	AHTNA <input type="checkbox"/>
	Chickaloon <input type="checkbox"/>		Alutiiq <input type="checkbox"/>		ASRC <input type="checkbox"/>
	Kenaitze <input type="checkbox"/>		Athabascan <input type="checkbox"/>		BSNC <input type="checkbox"/>
	Seldovia <input type="checkbox"/>		Eyak <input type="checkbox"/>		BBNC <input type="checkbox"/>
	Eklutna <input type="checkbox"/>		Haida <input type="checkbox"/>		Calista <input type="checkbox"/>
	Tyonek <input type="checkbox"/>		Inupiat <input type="checkbox"/>		CIRI <input type="checkbox"/>
	Ninilchick <input type="checkbox"/>		Yup'ik/Cup'ik <input type="checkbox"/>		Chugach <input type="checkbox"/>
	Salamatof <input type="checkbox"/>		Tlingit <input type="checkbox"/>		NANA <input type="checkbox"/>
	Other: <input type="checkbox"/>		Other: <input type="checkbox"/>		Other: <input type="checkbox"/>

Marital Status: Single Married Separated Divorced Widowed

Living Situation: Own Rent Shelter Friends/Family Homeless

Educational Status:	High School Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	No HS Diploma/GED <input type="checkbox"/>	Some College/No Degree <input type="checkbox"/>	Vocational Training <input type="checkbox"/>	College Graduate <input type="checkbox"/>
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United States Citizen?: Yes | No
 Registered for Selective Service?: Yes | No
 Veteran?: Yes | No

Please Include copies of the following documents with your application:

- ✓ State Identification Card or Passport
- ✓ Certificate of Indian Blood (CIB) or Tribal Enrollment Verification
- ✓ Latest resume (optional)
- ✓ Copies of medical records about your disability

(if you don't have them, CITC can obtain records from your doctor with your permission)

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Emergency Contact Information:

Name: _____ Relation: _____
Phone #: _____ Email Address: _____

Have you applied/received **Vocational Rehabilitation services** before? Yes | No

Where *When* *Counselor*
Are you interested in working in cooperation with DVR while in TVR? Yes | No

Medical Information Please list your disability(s): _____

Are you currently taking any medications?	<input type="checkbox"/> Yes No <input type="checkbox"/>	If yes, _____ <i>(where & when)</i> N/A: <input type="checkbox"/> <i>(where & when)</i>
Are you currently in treatment? <small>Including counseling</small>	<input type="checkbox"/> Yes No <input type="checkbox"/>	
Was your disability due to a work injury?	<input type="checkbox"/> Yes No <input type="checkbox"/>	
Have you completed alcohol/drug treatment?	<input type="checkbox"/> Yes No <input type="checkbox"/>	

Vocational Goals:

Field of Employment you're interested in: _____ Full-time: Part-time:
Minimum Wage Accepted: \$ _____ /per Hour: Month: Year:

Financial

Please select ALL that apply:

SSDI/SSI: <input type="checkbox"/>	Medicaid: <input type="checkbox"/>	Medicare: <input type="checkbox"/>	IHS: <input type="checkbox"/>
Private Insurance: <input type="checkbox"/>	Food Stamps: <input type="checkbox"/>	TANF: <input type="checkbox"/>	Workers Comp: <input type="checkbox"/>
Adult Public Assistance: <input type="checkbox"/>	Child Support: <input type="checkbox"/>	ATAP: <input type="checkbox"/>	Retirement Fund: <input type="checkbox"/>
VA Disability: <input type="checkbox"/>	VA Benefits: <input type="checkbox"/>	AK-PFD: <input type="checkbox"/>	Unemployment: <input type="checkbox"/>

Legal:

Valid Driver's License?: Yes | No

Do you have any open criminal cases?: Yes | No

Felonies?: Yes | No Please List: _____

Misdemeanors?: Yes | No Please List: _____

DUI/DWI?: Yes | No

(Parole/Probation Officer)

(Officer's Phone #)

(Restrictions)

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By signing this application, I _____, am requesting services from Cook Inlet Tribal Council, Inc., Vocational Rehabilitation Program. I further certify that the information provided herein is correct. I understand that Cook Inlet Tribal Council, Inc., Vocational Rehabilitation Program may use my information to verify with the Social Security Administration the status of any Social Security benefits I may be receiving.

Signature

Guardian | Parent

Date

Date

You did it! What should you expect next?

- ✓ Requesting medical records from a medical provider can take up to 2 – 4 weeks
- ✓ Follow-up call to review application from a TVR Counselor
- ✓ Once records are received; we will call you to schedule eligibility determination appointment
- ✓ You can receive services once a plan is developed between you and your TVR Counselor