

**If you need assistance completing this form or have questions,
please reach out to CITC staff.**

**Congratulations on taking the first step towards gainful employment!
Here's what you can expect moving forward.**

Orientation & Application

Once you have completed orientation, and after you have completed and turned in the application. DES team will schedule you for an intake appointment with your DES Counselor. DES team will be providing you with a questionnaire to take home and complete to bring to the intake. DES Counselor can assist with completing questionnaire during intake if you have questions.

Intake Appointment

After you have completed intake; DES Counselor will have you sign a release of information forms (ROI) to obtain medical diagnostic records from your former or current providers.

- On average, it can take between *1 - 4 weeks* for records to reach us. Feel free to check in to see if we received them.
- Please note that completing intake does not automatically qualify you for services yet.

Identify your job goal and plan the services you need

Together with your DES Counselor, we will create a personalized plan that meets your unique needs and career goals. Our team can help you identify your interests, talents and connect you with the right job opportunities. The written plan will outline the steps you need to take to reach your job goal.

- This *Individualized Plan for Employment (IPE)* is your roadmap to success.

Complete the IPE & receive services

Once you and your DES Counselor have agreed on your IPE, you can start receiving the services you need to achieve your career goals. Our team will be there to support you every step of the way.

Job search and employment action

Search for and get a job; We're here to help you find job openings that align with your career goals, and we'll provide any assistance you need for gainful employment.

Follow ups and closing your case

Our team will check-in with you for 90 days after you find a job to ensure that everything is going well. If all is going smoothly, we'll successfully close your case. However, if you need additional support, you can always ask us for "Post-Employment" services to help you keep your job, get your job back, or move up in your career.

Information Page - Request copies for your records.

General Information

Please Print Legibly

Date of Orientation:

First Name Middle Name Last Name Other Names Used Suffix.

Date of Birth (xx/xx/xxxx) Male or Female

Home/Physical Address City State ZIP

Mailing Address (if different from home address) City State ZIP

Primary Phone Number Other Phone Number

E-mail Address Other E-mail Address

Alaska Native Ethnicity (check one or more)

- Aleut
- Alutiq
- Athabascan
- Eyak
- Haida
- Inupiat
- Yup'ik/Cup'ik
- Tlingit
- Other:

Tribal Enrollment Corporation (check one or more)

- knik
- Chickaloon
- Kenatize
- Seldovia
- Eklutna
- Tyonek
- Niniichick
- Salamatof
- Other:

Corporate Affiliation (check one or more)

- AHTNA
- ASRC
- BSNC
- BBNC
- Calista
- CIRI
- Chugach
- NANA
- Other:

Living Situation

Own Rent Shelter Friend/Family Homeless

United States Citizen?

Yes No

Veteran?

Yes No N/A

Educational Status

High School Diploma GED No Diploma/GED Some College/ No Degree Vocational Training College Graduate

This application is valid up to one year from date of submission.

Please include copies of the following documents with your application:

- State Identification Card or Passport [required]
- Certificate of Indian Blood (CIB) or Tribal Enrollment Card [required]
- 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)

Vocational Goals

Are you Currently Employed?

Yes No

Field of employment you're interested in: _____

Full-Time Part-Time

Medical Information

The DES Program will request for medical records with the Release of Information form (ROI), but you're welcome to turn them in yourself anytime.

Please list medical disabilities: _____

Are you currently in treatment?

Yes No N/A

If Yes, _____
(where & when)

Name of your primary medical provider? _____

Name of your secondary medical provider? _____
(optional)

Have you completed a Substance-Use Assessment in the last 3 years?

Yes No N/A

If Yes, _____
(where & when)

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

Signature

Parent | Guardian Signature

Date

Date



Tribal Vocational Rehabilitation Program

3600 San Jeronimo Drive | Anchorage, AK 99508

907-793-3360 www.citci.org

Rights and Responsibilities

CITC PARTICIPANTS COMPLAINTS AND FEEDBACK

If you are unhappy with the services offered, or the way you are treated, you must follow the participant complaints and feedback procedure outlined in CITC Procedure #9.010.010. The first step in either a complaint or feedback is to contact the staff with whom you have a complaint/feedback to discuss or attempt to resolve the disputed action. If you are unable to resolve the disputed action with the staff, you then meet with the staff’s supervisor who will work with you to resolve the complaint or receive your feedback. For a complaint, if it remains unresolved, a formal complaint can be filed with the supervisor who will bring that complaint to the appropriate member of leadership for further action. Participants may request a change of case manager based on their personal preference, however at any point in time this may not be possible due to staffing availability.

- Be treated with respect by CITC staff and treat CITC staff with respect.
- Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, disability or age.
- Be treated with all safety measures being taken into consideration.
- Have all personal information treated in a confidential manner.
- Review consumer file with appropriate staff present.
- Be fully informed regarding any and all fees associated with services received at CITC TVR.
- Be given clear information regarding participation in all program activities.
- Follow CITC TVR program rules and regulations.
- Actively participate in decisions made in regards any services received from CITC TVR.
- Inform CITC TVR staff of any changes in consumer information, such as name, address, phone number, etc.
- Ask for clarification regarding any services received from CITC TVR.

AMERICANS WITH DISABILITIES ACT OF 1990

Cook Inlet Tribal Council, Inc. complies with Title II of the Americans with Disabilities Act of 1990. If you have questions, contact the CITC Corporate Affairs Officer at (907) 793-3407. ETSD does not provide medication management and does not provide a designated room for medication monitoring. CITC TVR is not able to release any medical documentation that is submitted or received in connection to an application for services.

Printed Name: _____

Signature: _____

Date: _____



Cook Inlet Tribal Council, Inc.
Disability Employment Services
3600 San Jeronimo Drive; Anchorage, AK 99508
907-793-3360; Fax: 907-793-3398 www.citci.org

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

By my signature below, I acknowledge receipt of the Notice of Privacy Practices for the Cook Inlet Tribal Council, Inc.

Signature of Individual or Authorized Representative

Date

Printed name

Relationship