Prairie Band Potawatomi Nation
Social Service Department

Vocational Rehabilitation Program Application

11400 158th Road, Mayetta, KS 66509
Phone (785) 966-8330
Fax (785) 966-8388
Toll Free 1-888-966-2932

Contact PBPN Vocational Rehabilitation to assist you in completing this application if necessary. When the application is complete call (785) 966-8331 to schedule an intake interview. The intake can take approximately 1 hour.

Documents to bring to the intake interview:

- Tribal Enrollment Card (must be enrolled member of any Federally Recognized Indian Tribe)
- Driver's License or State ID
- Social Security Card
- Proof of Income
  - ✓ Pay stubs
  - ✓ SSI/SSDI statement
- Proof of address (examples below)
  - ✓ Utility bill
  - ✓ Rent receipt
  - ✓ Voter's registration card
- Names and contact information of doctors and specialist

Is Vocational Rehabilitation the right program for you?

For office use only.

Date application received by PBPN Vocational Rehabilitation Staff: _____

Some brief information about the Vocational Rehabilitation (VR) program might help you decide whether to apply for services.

• PBPN VR serves people with any type of permanent physical, intellectual or mental disability.

•PBPN VR is an employment program. The purpose of PBPN VR is to provide culturally relevant services to assist Native Americans in obtaining or maintaining employment. We may be able to provide services to help you keep the job you already have if your disability is causing difficulties for you at work.

•You must apply for services and be found eligible in order to receive services. After you apply, our staff will determine if you have a disability that is a significant impediment to employment, and if you require VR services to become employed. You may be asked to provide additional information about your disability, medical services and employment history to help determine if you are eligible.

•If you are eligible for services, a counselor will work with you to develop an Individual Plan for Employment (IPE). The IPE will list your employment goal and the services you will receive. The counselor will help you look at your employment options so you can make informed choices about the type of work you want to seek.

•Services are individualized according to each eligible person's unique rehabilitation needs, disability and employment goal.

•You may be asked to help pay for some services if it is determined that you or your family have the financial resources to do so.

If you have a disability and you want to work, start your road to employment today by completing this application for VR services.

Personal Information

Name: _____

Maiden Name (if applicable):_____

Social Security Number: _____ Date of Birth: _____

Tribe: _____ Enrollment Number: _____

Street Address: _____

City_____ State_____ Zip Code_____

Phone Number_____ Cell_____ Email_____

Do you have a current case with State of Kansas Rehabilitation Services? _____

If so, who is your Counselor? _____

Disability

To be eligible for VR, you *must* have a disability that causes an impediment to employment. Please list and describe the medical condition, mental health/physical impairment or disability that limits your ability to work?

Primary disability:

_____

_____

Date of onset (year): _____

Secondary disability

_____

_____

Date of onset (year): _____

Physician name and address: _____

_____

Housing

What are your current living arrangements?

- ☐ Adult Correctional Facility
- ☐ Community Residential/Group Home
- ☐ Homeless/Shelter
- ☐ Mental Health Facility
- ☐ Nursing Home
- ☐ Private Residence
- ☐ Rehabilitation Facility
- ☐ Substance Abuse Treatment Center
- ☐ Other:_____

Number in household: _____

Please list 3 people who know how to contact you:

1:_____ Phone #:_____
2:_____ Phone #:_____
3:_____ Phone #:_____

Are you a veteran? _____Yes _____No

If yes, is your disability service connected? _____ Yes _____No _____N/A
If yes, please explain: _____
_____
_____

Employment

Are you currently employed? Yes_____No _____ Hire Date_____

Employer: _____

Address: _____

Phone number: _____

Job Title: _____ Supervisor: _____

Wage:_____ Weekly Earnings:_____

Full-time/Part time_____ Hours/Week_____

Please list previous jobs, including temporary or seasonal, starting with your most recent:

Employer: _____

Address: _____

Phone number: _____

Job Title:_____ Supervisor:_____

Start date:_____ End date:_____

Reason for leaving last position:_____

_____

Employer:_____

Address:_____

Phone number:_____

Job Title:_____ Supervisor:_____

Start date:_____ End date:_____

Reason for leaving:_____

Please list strengths and skills you have related to employment:

_____

_____

_____

Accommodations

1. Do you require any of the following accommodations for communication:

Regular print:_____

Braille_____

Large Print:_____

Tape:_____

Other language:_____

Use of aids: Hearing: _____ Yes _____ No If yes, what:_____

Vision: _____ Yes _____ No If yes, what:_____

Mobility: _____ Yes _____ No If yes, what:_____

Do you require accommodations in the workplace:_____

_____

Cultural Services

Have you ever used a traditional healer? _____Yes _____No

Would you would be interested in traditional medicine or healing? _____Yes _____No

Education

Are you a student in high school at the time of this application? _____

Highest level of Education

- ☐ No formal schooling
- ☐ Elementary Education (grades 1-8)
- ☐ Secondary Education, no high school diploma (grades 9-12)
- ☐ Attending special education program
- ☐ High school diploma or GED
- ☐ Post-secondary education, no degree or certificate
- ☐ Associate's degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Any degree above a Master's
- ☐ Vocational/Technical Certificate or License
- ☐ Occupational credential beyond undergraduate degree
- ☐ Occupational credential beyond graduate degree

Completion date for highest level of education: _____

Are you currently in default on student loans? _____Yes _____No _____N/A

Any of the following learning tasks difficult for you:

- ☐ Reading
- ☐ Writing
- ☐ Computation
- ☐ Concentration
- ☐ Remembering
- ☐ N/A

Resources

Please check your primary source of support:

_____Employment Earnings
_____Personal Income
_____Per Capita
_____Public Assistance (SSI/SSDI/TANF)

Do you currently have health insurance? If yes, please list your insurance provider:
_____

Are you currently working with the following programs at the time of application (check all that apply):

- ☐ None
- ☐ PBPN Tribal Victims Services Program
- ☐ PBPN Child & Family Services
- ☐ PBPN Adult Services
- ☐ PBPN Alcohol and Drug Program
- ☐ PBPN Behavioral Health
- ☐ State VR
- ☐ Centers for Independent Living
- ☐ Child Protective Services
- ☐ Community Rehabilitation Programs
- ☐ Educational Institutions (elementary/secondary)
- ☐ Educational Institutions (post-secondary)
- ☐ Federal Student aid
- ☐ Intellectual and Developmental Disabilities Agencies
- ☐ Medical Health Provider
- ☐ Mental Health Provider
- ☐ One-Stop Employment provider
- ☐ Public Housing Authority
- ☐ SSA
- ☐ State Department of Corrections/Juvenile Justice
- ☐ State Employment Service Agency
- ☐ Veterans Administration
- ☐ Welfare Agency
- ☐ Other:_____

CLIENT RESPONSIBILITES

In order to make the client's rehabilitation program a success, both the VR Staff and the Client must work together to determine and reach the chosen goals. This shared responsibility requires that the following decrees are understood and agreed upon:

1. As a client, I understand that I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.

2. As a client, I understand that if I no call/no show my intake appointment; the intake staff will contact me once to reschedule my appointment. If I no call/no show for the rescheduled appointment my case will be closed.

3. As a client, I understand it is my responsibility to inform my counselor of any changes related to this application, such as changes in my address, income or employment.

4. As a client, I understand and agree to keep all appointments that are made on my behalf. This includes, but is not limited to intake appointments, medical appointments, psychological appointments, or substance abuse appointments. As a client, I also agree to consider any recommendations made by these professionals. I understand if I need to cancel or reschedule any appointments made on my behalf, I need to notify the VR staff and the person and/or agency with whom I was scheduled to see as soon as I know.

5. As a client, I understand that I must provide authentic and accurate information to VR. I understand that I need to apply for any and all services that I am eligible for. I understand that I will demonstrate honesty and integrity while discussing my status with the VR staff.

6. As a client, I understand that I need prior written approval from my counselor before VR will pay for any services.

7. Payment for some services may be based on financial need according to my personal or family income.

8. As a client, I understand that I will not make any physical or verbal threats towards any VR staff or staff that I am referred to.

_____

(Consumer/Client printed name)

_____ _____

(Consumer/Client signed name) Date