



### EDUCATION HISTORY

Are you currently a high school student?     Yes     No  
If yes, what is the name of the school: \_\_\_\_\_ Grade level: \_\_\_\_\_  
Highest grade completed: \_\_\_\_\_ Date diploma received? \_\_\_\_\_  
Did you receive a GED?     Yes     No    If yes, date received: \_\_\_\_\_  
Are you receiving or have you received Special Education services in high school?     Yes     No  
If yes, what is the name of the school: \_\_\_\_\_

### EMPLOYMENT HISTORY

Employer:	Job Title:	
Start Date:	End Date:	Hours/Week:
Duties:	Earning/Week:	
Reason for Leaving:		

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Start Date:	End Date:	Hours/Week:
Duties:	Earning/Week:	
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Start Date:	End Date:	Hours/Week:
Duties:	Earning/Week:	
Reason for Leaving:		

### MEDICAL CLINICS AND PHYSICIANS

Physicians Name:	Name of Clinic:
Address:	
Phone #:	

Physicians Name:	Name of Clinic:
Address:	
Phone #:	

\_\_\_\_\_  
**CONSUMER SIGNATURE**

\_\_\_\_\_  
**DATE**

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**GUARDIAN SIGNATURE (IF CONSUMER UNDER THE AGE OF 18) DATE**

The Lac Courte Oreilles Vocational Rehabilitation Services Project offers vocational rehabilitation services to American Indians with disabilities to assist in maintaining or obtaining employment.

**Eligibility is based on the following criteria:**

- o Must be an enrolled member of an Alaskan Native or American Indian Tribe;
- o Must have a physical or mental impairment; and the impairment must constitute, or result in, a substantial impediment to your employment; and
- o It must be reasonably expected that you will benefit, in terms of employment, from the vocational rehabilitation services received; and
- o Must reside within Sawyer County.

**When you return your completed application please remember to bring the following:**

- o Drivers License or State ID
- o Tribal ID
- o Social Security Card

**Upon completion of an application for services, the Vocational Rehabilitation staff will:**

- o Conduct an intake interview to determine your eligibility and appropriate services consistent with your *unique* strengths and capabilities.
- o Request copies of medical records certifying your disability, or the VR counselor will obtain your signature on appropriate information release forms permitting your physician and/or others to provide this information.

Once you are determined eligible under the program's guidelines, you will enter into the rehabilitation phase of your program and begin the development of an Individual Plan for Employment.

