

**LCO VOCATIONAL REHABILITATION SERVICES PROGRAM
APPLICATION**

Date:	DOB:
Name:	SS#:

Street Address:		
Mailing Address:		
City:	State:	Zip:
Phone:	Message:	
E-Mail Address:		
Tribal Affiliation:	Tribal ID#:	

Have you ever received any services from a tribal or state vocational rehabilitation agency? Yes No

Do you have a valid driver's license? Yes No If yes, which state? DL#
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Do you have a (or what is) your disability?

Are you having problems finding or keeping jobs? Yes No
Are those problems because of your disability? Yes No If yes, please explain.

Are you currently employed? Yes No
If employed, employer's name:
How long have you been employed here?
If not employed, how long have you been unemployed?

CONSUMER SIGNATURE

DATE

EMPLOYMENT HISTORY

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

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

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

NAMES OF MEDICAL CLINICS AND PHYSICIANS

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

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

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

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

NOTE: The Lac Courte Oreilles Vocational Rehabilitation Services Project offers vocational rehabilitation services to American Indians with disabilities. To be eligible for the LCO Vocational Rehabilitation Services Project an individual....

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

Upon completion of an application for services, the vocational rehabilitation staff will conduct an intake interview to determine your eligibility and appropriate services consistent with your unique strengths and capabilities. You will be asked to provide copies of records certifying your disability, or the LCO VR counselor will obtain your signature on appropriate information release forms permitting your physician and or others to provide this information directly to them. Once you are determined eligible under the program's guidelines, you will enter into the rehabilitation phase of your program.

I understand the eligibility of the Lac Courte Oreilles Vocational Rehabilitation Program I am applying for. I will allow release of any information necessary to facilitate my individualized plan.

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

Drivers License

Tribal ID

Social Security Card