



MASHANTUCKET PEQUOT TRIBAL NATION

Vocational Rehabilitation Program

Date: _____

Client #: _____

EDUCATION (Check all levels completed)

College/University: Freshman Sophomore Junior Senior DEGREE: _____ Dates: _____

Vocational School: _____ Dates: _____ DEGREE: _____

GED: (Diploma/Certificate) _____ Dates: _____

High School Name: _____ Dates: _____ Freshman Sophomore Junior Senior

Education level below grade 9. What was the last grade completed? (Record number of the grade) _____

Describe any specialized training, skills, and extra-curricular activities. Be specific. Continue on another sheet of paper if needed.

EMPLOYMENT

List dates and types of employment (including volunteer work and self-employment, etc.) starting with the most recent employer.

Start Date (MM/DD/YEAR)	End Date (MM/DD/YEAR)	Employer & Address (SUPERVISOR)	Job Title and Duties (Plus Salary Info)
		Name: Address: Supervisor:	Title: Duties: Reason for Leaving: _____ Hours per wk _____ Starting Salary: _____ Ending Salary: _____
		Name: Address: Supervisor:	Title: Duties: Reason for Leaving: _____ Hours per wk _____ Starting Salary: _____ Ending Salary: _____
		Name: Address: Supervisor:	Title: Duties: Reason for Leaving: _____ Hours per wk _____ Starting Salary: _____ Ending Salary: _____

If needed, please use other side. →



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PRIMARY SOURCE OF INCOME

- Personal Income Yes No
- Family & Friends Yes No
- Public Support (SSI, SSDI, etc.) Yes No
Dates: _____
- All Other Sources (Private disability insurance & Private Charities) Yes No
- Total Amount Per Month \$ _____

LEGAL ISSUES

- Have you ever been arrested or convicted? Yes No
- DWI or DUI conviction(s)? Yes No
- Reason(s) & Date(s): _____

- Are you currently under probation/parole? Yes No
- Probation / Parole Officer's Name? _____

HEALTH INFORMATION

Doctor's Name	Address:	Phone Number:	Date Last Seen

- Are you currently taking any medication(s)? Taking For: (What reason)
- _____
- _____
- _____
- _____
- Are you currently under any treatment(s)? If so, Treatment Type:
- _____
- _____
- _____



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CURRENT INCOME INFORMATION (Monthly)

<u>Income Type</u>	<u>Amount per Month</u>
Consumer Only Wages:	_____
Other wages:	_____
Family Contribution:	_____
Public Assistance:	_____
SSDI:	_____
Supp. Security Income:	_____
Veterans Benefits:	_____
Workers Compensation:	_____
Self-Employment Sales:	_____
Other type:	_____
Other income:	_____

INCOME INFORMATION 6-MONTHS PRIOR TO APPLICATION DATE (Monthly)

<u>Income Type</u>	<u>Amount per Month</u>
Consumer Only Wages:	_____
Other wages:	_____
Family Contribution:	_____
Public Assistance:	_____
SSDI:	_____
Supp. Security Income:	_____
Veterans Benefits:	_____
Workers Compensation:	_____
Self-Employment Sales:	_____
Other type:	_____
Other income:	_____

FINANCIAL BACKGROUND (Monthly Expenses)

<u>Income Type</u>	<u>Amount/Month</u>
Rent / Mortgage:	_____
Utilities: Electric	_____
Utilities: Gas	_____
Utilities: Water	_____
Utilities: Telephone	_____
Food:	_____
Transportation:	_____
Medical:	_____
Disability Related:	_____
Business Supplies:	_____
Entertainment:	_____
Credit Card Debt:	_____
Loans:	_____
Other type of expenses:	_____
Other expenses:	_____

PERSONAL

Status: Single Married Partnered Widowed Divorced



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INFORMATION

Number of people in household: _____

Number of Dependents: _____

Any children? (How many & ages) _____

Housing Type: _____

FAMILY INFORMATION

Household Member Name: _____

Household Member Relationship: _____

Phone: _____

The purpose of Vocational Rehabilitation is to help people with disabilities become self-sufficient by assisting with schooling, self-employment, or employment. *(All information given to the MPTN Vocational Rehabilitation Program will be kept confidential.)*

I certify that the information in this application for services is true and complete to the best of my knowledge.

Applicant's Signature

Date

Name of Applicant (PLEASE PRINT)

Guardian (IF APPLICABLE)

Date

CERTIFICATION

The applicant has been provided with the following information:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. A general overview of the VR process. 2. How one gets into the VR Program 3. The services which are offered by VR. 4. The process which a consumer goes through with VR. 5. The rights of an applicant/consumer of VR. | <ol style="list-style-type: none"> 6. The responsibilities of an applicant/consumer of VR. 7. Confidentiality of information. 8. How to appeal a decision or action of VR. 9. Disability Rights CT/Client Assistance Program RI. |
|---|--|

Counselor Signature

Date

The above topics have been explained to me at the time of orientation/intake to the Vocational Rehabilitation Program. I understand the rights and responsibilities I have as an applicant/consumer of the MPTN Vocational Rehabilitation Program.

Applicant Signature

Date

Revised 2/4/2011