

Sycuan Inter-Tribal Vocational Rehabilitation Service
5475 Sycuan Road, El Cajon, CA. 92019
Ph: (619) 722-6235 Fax: (619) 722-6580

Application for Tribal Vocational Rehabilitation Services

Name _____
First M.I. Last

SS# _____ Age _____ Date of Birth _____

Tribal Affiliation _____ Enrollment#(required) _____

Reservation Name _____

Primary Phone# _____ Secondary phone# _____

Email Address _____

Residence Address _____ City _____ State _____ Zip Code _____

Name and # of person who will always know where you live: _____

May we contact them? Yes No

What is your disability? _____
(EXAMPLES: physical Injuries, spinal injuries, substance/alcohol abuse, learning disorders, head injuries, obesity, amputations, hearing/sight difficulties, diabetes, ETC.)

How does your disability keep you from obtaining or maintaining employment?

How does your disability affect your work or your daily activities?

What is/was the cause of your disability _____

Was the cause of your ability work related? _____

Doctor/Medical/Information

Is there medical documentation of your disability?

If yes, name of doctor: _____ Specialty: _____

Facility: _____ Phone number: _____

Address: _____ Fax number: _____

Reason for seeing doctor: _____

Other medical or mental health or substance abuse treatment providers: _____

List any medication you are currently taking: _____

Insurance Information

Do you have health insurance? [] yes [] no If yes, list name of Insurance Company _____

Personal Care

Can you travel unassisted? yes no

Are you receiving personal care attendant services? yes no

If yes, what type _____

Personal Info

Sex: Male Female

Ht. _____ Wt. _____

Marital Status: Single/Never Married Married Separated Divorced Widowed

Number of people living in your home? _____ How many are your dependents? _____

Housing type- Private Residence () Treatment Facility () Sober living () Other ()

Hobbies and Activities

Native American Dancing

Gardening

Reading

Traveling

Other _____

Are you registered to vote?

yes

no

Education

Dates Attended

Highest grade completed _____ Name of School attended _____ / ____ / _____

Have you received your High School Diploma? yes no

If yes, start date _____ End date _____

Have you received a GED Yes No

If yes, start date _____ End date _____

Were you in Special Education classes in school? Yes No

List other schools/educational facilities you have attended

School	Dates attended (to/from)	Degree/Certificate
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Employment History

Employment History (most recent first)

Mo//Yr

Employer 1: _____ From _____ to _____

Job Title _____ Hours / Week _____ Earnings / Week \$ _____ Hourly Rate \$ _____

Duties _____

Employer 2: _____ From _____ to _____

Job Title _____ Hours / Week _____ Earnings / Week \$ _____ Hourly Rate \$ _____

Duties _____

Employer 3: _____ From _____ to _____

Job Title _____ Hours / Week _____ Earnings / Week \$ _____ Hourly Rate \$ _____

Duties _____

Total income/resources

Applicant Only Wages \$ _____ Supplemental Sec. Income \$ _____

Other Wages \$ _____ Veterans' Benefits \$ _____

Family & Friends Contribution \$ _____ Workers' Compensation \$ _____

Public Assistance \$ _____ Self Employment Sales \$ _____

Social Sec. Dis. Ins. \$ _____ Other Type of Income \$ _____

Services Requested (from Sycuan Inter-Tribal Vocational Rehabilitation):

- | | |
|--|--|
| <input type="checkbox"/> Employment Preparation | <input type="checkbox"/> Vocational/Technical Training |
| <input type="checkbox"/> Employment Preparation – Self Employment | <input type="checkbox"/> Transferable Associate Degree |
| <input type="checkbox"/> Career Counseling & Guidance | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Job Search Activities | <input type="checkbox"/> GED |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> College |
| <input type="checkbox"/> Adult Basic Education | <input type="checkbox"/> School-to-Work Transition |
| <input type="checkbox"/> Tutorial Service | <input type="checkbox"/> Class or Training Needs |
| <input type="checkbox"/> Trade/Professional License | <input type="checkbox"/> Workplace Needs |
| <input type="checkbox"/> Trade/Professional Certificate | <input type="checkbox"/> Other Needs/Support _____ |
| <input type="checkbox"/> Non-Transferable Associate Degree | |

Referred by _____
(Name of Individual or Agency)

Phone Number _____

Address _____

(City) (State) (Zip Code)

Transportation

Do you have a valid Driver's License? Yes No Primary transportation type _____

Legal

Have you ever been convicted for a DUI? Yes No If yes, date of conviction _____ Mo. ___ Day ___ Year _____

How many times? _____

Have you ever been arrested or convicted of a felony? Yes No If yes, date of conviction _____

Type of conviction? _____

Are you currently on probation or parole? Yes No

If yes, who is your probation/parole officer at this time? Name _____ Phone number _____

Military

Veteran Yes No

Branch of Service _____ Type of Discharge _____ Date of Entry _____ Date of EAS _____

DO YOU OR HAVE YOU EVER HAD A CASE WITH DOR (State Dept. of Rehabilitation) PREVIOUSLY?

YES NO

Have you applied for STIVR services in the past? Yes No

If yes, When _____

I do hereby attest that the information submitted in this application is true, accurate, and complete to the best of my knowledge and understand that any falsification or omission of information may negatively impact the status of my application.

Signature

Date

SYCUAN INTER-TRIBAL VOCATIONAL REHABILITATION

Consent to Obtain Medical Information

(Part 1)

Client's Name: _____ DOB: _____
SSN: _____

Name & Address of Agency Releasing Information:	Please send information to: Sycuan Inter-Tribal Vocational Rehabilitation 5475 Sycuan Road El Cajon, CA 92019 Or fax to: (619) 722-6580
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Consent to Obtain Medical Information:

I authorize the above agency (releasing my information) to provide Sycuan Inter-Tribal Vocational Rehabilitation (SITVR) my records containing medical history, treatment, and diagnosed mental and physical condition:

- Entire medical history
- Medical chart notes
- Labs, X-rays,
- Other: _____
- Only information related to: _____

Specific Authorizations:

- Drug/alcohol diagnosis / treatment
- Psychiatric evaluation / treatment
- HIV/AIDS related tests/treatment

Additional requested information: I authorize the Physician or authorized Medical Staff to provide an assessment of my current, general overall health status, including specific information pertaining to diagnosis, prognosis, and functional limitations of the following: _____ to SITVR.

This information will be documented in my SITVR case record and used to assist in the determination of SITVR eligibility of services. SITVR may not disclose the information received without my written consent unless the disclosure is specifically required or permitted by law.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule {45 CFR Part 164} and the Privacy Act of 1974 {5 USC 552a}. I have been informed that I am not legally obligated to provide this informed authorization. However, declining to do so may hinder SITVR from providing complete services for me.

My signature below verifies that I have read the notifications on Part 2 of this form and received a copy of these notifications.

Print legal name

Date

Patient's Signature

(expiration date of consent)

SYCUAN INTER-TRIBAL VOCATIONAL REHABILITATION

Consent to Obtain Medical Information

(Part 1)

Client's Name: _____ DOB: _____
SSN: _____

Table with 2 columns: Name & Address of Agency Releasing Information; Please send information to: Sycuan Inter-Tribal Vocational Rehabilitation, 5475 Sycuan Road, El Cajon, CA 92019, Or fax to: (619) 722-6580

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SYCUAN INTER-TRIBAL VOCATIONAL REHABILITATION

Consent to Obtain Medical Information

(Part 2) Client Keeps This Page

Notification to Applicant / Client

In accordance with federal and state law, Sycuan Inter-Tribal Vocational Rehabilitation (SITVR) must obtain medical information for all individuals who apply for vocational rehabilitation service(s) to determine their eligibility. An applicant / client may refuse to allow SITVR to obtain medical information related to specific disabilities, such as drug, alcohol, psychiatric or the results of any HIV test performed. If medical information is not obtained to substantiate a disability, it may result in a finding of ineligibility for services.

Notification of the Health Insurance Portability and Accountability Act of 1996:

You have the right to revoke this authorization. To revoke the authorization you must provide written notice to your Rehabilitation Counselor or other SITVR staff member. If you revoke the authorization it will not affect information already used before we received your written notice.

Federal Health Insurance Portability and Accountability law (HIPAA) may not protect information after it is released or provided to agencies not covered by that law. Even though SITVR does not fall under HIPAA legislation, SITVR does adhere to federal and state confidentiality requirements.

Notification of the Information Practices Act of 1977:

If information is being obtained from you, you should be aware that under State law and departmental regulations, all information that you supply to SITVR is maintained in files that are subject to inspection by the applicant / client and other authorized person(s) and agencies.

Statement of Non-Discrimination:

SITVR affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group identification, national origin, race, color, creed, religion, sex, age, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.

▶ Pursuant to federal law, specifically 34 CFR 361.38(c)(2), SITVR can withhold medical or psychological information from a participant if it determines that the information may be harmful to the participant. In such a case, SITVR can release information to a third-party chosen by the participant.

▶ Pursuant to federal law, specifically 34 CFR 361(c)(3), if SITVR obtains personal information from another agency or organization, it may be released only by, or under the conditions established by, the other agency or organization.

▶ Pursuant to federal law, SITVR is authorized to release information for purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided, if SITVR believes that release is necessary to protect the client or others if the client poses a threat to his or her own safety or to the safety of others, and as otherwise provided by law.

▶ Public Vocational Rehabilitation Programs are **NOT** considered a covered entity and are exempt from 45 CFR 164.512.