ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
VOCATIONAL REHABILITATION

APPLICATION FOR VOCATIONAL REHABILITATION SERVICES

1. Name: _____
(First) (MI) (Last) (Maiden)

2. Age: _____ Date of Birth: _____

3. **PERSONAL:**
Race: ☐ Ak. Native/American Indian **Tribe:**_____

Sex: ☐ M ☐ F **Martial Status:** ☐ Married ☐ Never Married ☐ Other_____

4. Home or Message Phone: _____(please note home or message number)

5. Mailing Address: _____
Street or P.O. Box City State Zip

6. Contact Person: _____ Phone: _____

7. Who Referred you to Vocational Rehabilitation? _____

8. Have you ever applied for vocational rehabilitation services before? ☐ Yes ☐ No
If yes, where? _____ When? _____ Counselor's Name _____
Services received: _____

What is your disability:

I am requesting the following types of services from the AVCP Vocational Rehabilitation:

What goal will you accomplish as a result of receiving services?
EMPLOYMENT or SUBSISTENCE) (circle one)

By signing this application, I am requesting services from the AVCP Vocational Rehabilitation. I further certify that the information provided herein is correct. Failure to complete and sign the application may delay the process.

_____ _____
Signature of Applicant Signature of Representative (if applicable)

_____ _____
Date Date

SUPPLEMENTAL APPLICATION INFORMATION

1. HOUSEHOLD INFORMATION:

Number living in the house? _____ How many dependants? _____

Name	**Relationship/Age**	**Name**	**Relationship/Age**

2. HEALTH INFORMATION:

Are you covered under Indian Health Services (IHS) ? ☐ No ☐ Yes

Do you have health insurance:

Medicaid ☐ No ☐ Yes Private Insurance ☐ No ☐ Yes

Personal Doctor and other doctors/hospitals who are familiar with applicants condition:

	Name	Address	Last Seen
a.			
b.			
c.			

Date when disability began?_____

Is disability a result of a work-related injury? ☐ No ☐ Yes

If yes, date of the accident? _____ Employer: _____

Currently taking medication? ☐ No ☐ Yes If yes, what type? _____

Currently under treatment? ☐ No ☐ Yes If yes, what type? _____

Are you seeing or have been seen by Behavioral Health? ☐ No ☐ Yes

Do you use substances such as alcohol or drugs? ☐ No ☐ Yes

Can applicant travel without assistance/escort? ☐ No ☐ Yes explain:_____

Receiving personal care attendant services? ☐ No ☐ Yes If yes, Hrs/day _____

3. EDUCATION:

Highest grade completed: _____ Date of Graduation:_____ Name of School:_____
GED? ☐ No ☐ Yes If yes, date received _____Certificate of Completion? ☐ No ☐ Yes

Were you in Special Education? ☐ No ☐ Yes

List any other schools attended:

School	Degree/Certificate	Dates Attended

4. EMPLOYMENT INFORMATION – Employment status

____ Self Employed (Native Crafts, etc.) ____Working ____ Not working ___ Student
____Small Business ____ Other
Please explain other: _____

Employment history (recent job first)
Employer _____ From_____ To _____
Address _____ Reason for leaving _____
Job Duties _____
_____Hourly Wage $_____

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_____Hourly Wage $_____

Employer _____ From_____ To _____
Address _____ Reason for leaving _____
Job Duties _____
_____Hourly Wage $_____

May we notify your recent employer? ☐ No ☐ Yes If no, please explain: _____
_____

5. LEGAL:

Do you have a valid Alaska's Drivers License? ☐ No ☐ Yes If yes, number _____
Do you have your own transportation? ☐ No ☐ Yes
Have you ever been convicted for a DWI/DUI? ☐ No ☐ Yes
Have you ever been arrested or convicted? ☐ No ☐ Yes

If yes, explain: _____What year(s)_____

If yes to either of the above, are you currently on probation or parole? ☐ No ☐ Yes

6. VETERAN:

Are you a Veteran? ☐ No ☐ Yes
If yes to the above, note branch of service, type of discharge, and period served:_____

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7. FINANCIAL:

Do you or any of the residents receive any assistance from the following sources?

(Source)	(Type)	(Monthly Amount)	(How Long)
Public Assistance			
TANF			
Worker's Comp.			
Retirement			
Social Security (SSI or SSDI)			
Veteran's Benefits			
Food Stamps			
Annual Household Income	$		

What is your primary source of support? _____

***If at anytime you start receiving additional resources (i.e. unemployment, energy assistance, TANF, settlements, etc.), you need to contact our office with that information right away for our records.**

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CERTIFICATION

1) GENERAL OVERVIEW OF THE VOCATIONAL REHABILITATION (VR) PROCESS:

Consumer completes and signs the application. Certification is read and signed. Authorization to Release for AVCP, YKHC, ANMC, or any other agency is signed. A copy of a Tribal Identification is provided. Once all required documents have been completed, signed, and received, VR Coordinator sets up an Orientation/Initial Intake Interview. Once the interview is complete, VR Coordinator will complete the Evaluation to make the eligibility determination. When an applicant is determined to be eligible, VR Coordinator will work with the applicant to complete the Individual Plan for Employment (IPE). Once the IPE is complete and signed, the services can be provided.

2) HOW ONE GETS INTO THE VR:

An applicant is self-referred, or an agency makes the referral.

3) THE RESPONSIBILITY OF THE OF THE CONSUMER:

Complete the Individual Plan Employment (IPE) to the best of your ability by participating fully. Be respectful and abide by all the VR processes and requirements. Immediately notify the VR coordinator/manager of any needed changes to the plan or contact information. Review the plan with the VR coordinator at least once a year to decide whether any changes need to be made. This is an addition to meeting regularly to review process. Continue to work and be productive in subsistence way of life at the completion of the plan. Apply for other resources through the following organizations to help pay for these services: AVCP (Workforce, Benefits, Childcare, Tribal Services), ONC, DPA, AVCP RHA, AFHA, etc.

4) SERVICES WHICH ARE OFFERED BY VR:

VR will assist with services/accommodations that will remove the barriers to employment/subsistence way of life. Services are, but not limited to:

Guidance counseling, assistive devices, equipment, supplies, transportation, etc.

5) THE RIGHTS OF AN APPLICANT/CONSUMER OF VR:

a) Client Assistance Program (CAP) through the Disability Law Center helps individuals who experience problems when applying for or receiving rehabilitation services. VR Coordinator will provide the CAP brochure that will be included with the Acceptance Letter.

b) An applicant can appeal if they do not agree with a decision VR has made. The Appeal Process will be followed per AVCP policy (that VR manager will furnish details upon request).

c) Confidentiality is the principle of keeping private information secret and protecting it from unauthorized access or disclosure. It involves maintaining restrictions on who can see and use sensitive information, such as personal data or proprietary business details, and serves to build trust, protect reputations, and ensure legal compliance. This obligation is upheld through rules, policies, and agreements, like non-disclosure agreements (NDAs), that establish a confidential relationship between parties.

6) OTHER VR SERVICES:

State of Alaska Division of Vocational Rehabilitation Program.

I, _____, acknowledge I have read the above and I understand the rights and responsibilities I have as an applicant/consumer of the AVCP Vocational Rehabilitation Program.

_____ _____

Applicant or Representative Signature **Date**

This document and its contents will be reviewed again during the orientation/intake interview.

AUTHORIZATION FOR USE AND DISCLOSURE OF SPECIFIED INFORMATION

AVCP VOCATIONAL REHABILITATION

For the purpose of documenting a disability(ies), for use in the determination of eligibility for services through the Association of Village Council Presidents Vocational Rehabilitation Program, and for exchange of information for service plan development and ongoing services. I, _____, applicant (please print) DOB: _____ request the release of information to be exchanged as required between AVCP Vocational Rehabilitation Program and:

Yes / No **(please intial)**

☐/☐ 1. YKHC and/or Indian Health Services Medical Records

☐/☐ 2. YKHC Behavioral Health

☐/☐ 3. YKHC Developmental Disabilities Program

☐/☐ 4. YKHC Audiology

☐/☐ 5. YKHC Healing Center

☐/☐ 6. Alaska Psychiatric Institute (API)

☐/☐ 7. Dr. Sarah Angstman, Psychologist

☐/☐ 8. Dr. Lorin Bradbury, Psychologist

☐/☐ 9. State Division of Vocational Rehabilitation Program

☐/☐ 10. State Division of Public Assistant Program

☐/☐ 11. _____School District

☐/☐ 12. Other agencies involved_____

_____ _____

Signature of Applicant Date Representative (if applicable) Date

* This document will expire at time of closure.