College of Menominee Nation
MENOMINEE VOCATIONAL REHABILITATION PROGRAM
Part 1- Referral & Self-Assessment

Office use only – Personal information you provide may be used for secondary purpose as defined in Federal Regulations.

Services are rendered only after you are determined eligible and have entered into the Individualized Plan of Employment. This process may take up to 90 days. _____Initials

LEGAL Name: First, Middle, Last _____

DATE OF BIRTH: _____ Male___ Female___

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____MESSAGE PHONE: _____

EMERGENCY CONTACT NAME: _____ NUMBER_____

Do you give Menominee Vocational Rehabilitation permission to leave a message at this number? Yes or No

Check preferred method of contact and list below: ☐ email ☐ mail ☐ telephone ☐ text message ☐ FB messenger

EMAILADDRESS:_____

_____ _____
Guardian Name (if under 18 or court appointed) Guardian phone number

_____
Guardian Mailing address & Physical Address

TRIBAL AFFILIATION: _____ ENROLLMENT NUMBER: _____
(Documentation is necessary i.e. tribal identification card, certification letter etc.)

Are you a Veteran of the U.S. Armed Services? YES____ Branch _____ NO_____

HAVE YOU APPLIED FOR VR SERVICES IN THE PAST: YES___ WHEN (YEAR) _____ NO _____
HAVE YOU RECEIVED STATE VR IN THE PAST: YES___ WHEN (YEAR) _____ NO _____
HAVE YOU RECEIVED TRIBAL VR IN THE PAST: YES ___WHEN (YEAR) _____ NO _____

ARE YOU CURRENTLY RECEIVING VOCATIONAL REHABILITATION SERVICES FROM? YES OR NO
STATE DVR ___ TRIBAL VR ____

HOW DID YOU HEAR ABOUT THE MENOMINEE VOCATIONAL REHABILITATION PROGRAM?

☐ Friend or Family ☐ MVR Website ☐ Community Event ☐ Advertisement ☐ Word of Mouth ☐ Other Agency

ACCOMMODATIONS NEEDED

____ASL Interpreter ____Braille ___Other:_____
____Audio Taped Communication ____Large Print

DISABILITY (check all that apply)

- ☐ AIDS/HIV
- ☐ Amputation
- ☐ Arthritis
- ☐ Attention Deficit Disorder
- ☐ Autism
- ☐ Back Injury
- ☐ Blind
- ☐ Brain Injury
- ☐ Cancer
- ☐ Carpal Tunnel (repetitive use syndrome)
- ☐ Cerebral Palsy
- ☐ Cognitive Disability
- ☐ Cystic Fibrosis
- ☐ Deaf-Blind
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Hard of Hearing
- ☐ Heart Disease
- ☐ Hemophilia
- ☐ Hip/knee/joint dysfunction
- ☐ Kidney Failure
- ☐ Learning Disabilities
- ☐ Mental Illness
- ☐ Missing/deformed limb
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Myofascial Disorder
- ☐ Para/quadriplegia
- ☐ Post-Traumatic Stress Disorder
- ☐ Respiratory/pulmonary allergies
- ☐ Spinal Cord Injury
- ☐ Substance Use
- ☐ Stroke
- ☐ Visual Impairment
- ☐ Other (specify)_____
  _____
  _____

How does your disability impede your ability to attain, maintain and retain employment?

_____
_____

What services will you be asking for from CMN MVR?

- ☐ adult basic education
- ☐ associate's degree
- ☐ bachelor's degree
- ☐ career counseling
- ☐ employment preparation
- ☐ GED
- ☐ job search activities
- ☐ self-employment preparation
- ☐ trade/professional certificate
- ☐ trade/professional license
- ☐ tutorial services
- ☐ work experience
- ☐ vocational/technical training
- ☐ other needs or support_____
  _____

List the kinds of jobs you would like to have: _____

Securing Employment is your Reason for applying to the MVR Program (Please Circle Yes or No) to following**;**

1. Do you reside on the Menominee Indian Reservation or within 30-miles of the Reservation? Yes or No
2. Does your disability make it hard for you to get or keep a job? Yes or No

3. Do you have the time and interest to make a plan and complete tasks needed for getting and keeping a job? Yes or No

4. Have you been told that you must apply for VR services to keep receiving services from another program (please keep in mind that MVR is a voluntary program) Yes or No

5. Are you **TRULY** ready to prepare to secure, retain, advance in, or regain employment? Yes or No

6. My disability makes it difficult to get ready, go to work, or take care of myself while working Yes or No

7. My disability makes it difficult for me to communicate (in the way I need to communicate at work) Yes or No

8. My disability makes it difficult for me to get to and from places, (especially to and from work) Yes or No

9. My disability makes it difficult for me to get along with others at work Yes or No

10. My disability makes it difficult for me to make realistic decisions or plans Yes or No

11. My disability makes it difficult for me to follow through with plans (This is sometimes the result of emotional problems, depression, or other mental illnesses.) Yes or No

12. My disability makes it difficult for me to work full-time or perform all the physical duties Yes or No

13. My disability caused me to have a poor work record Yes or No

14. My disability made it difficult for me to learn new job skills Yes or No

15. I lost a job because I became disabled or was injured Yes or No

The College of Menominee Nation Menominee Vocational Rehabilitation Program offers vocational rehabilitation services to individuals who meet the following requirements:

- Must be an Enrolled member of a State or Federally Recognized Tribe or an Alaskan Native.
- Reside within the defined service area of the CMN-MVR (30 miles of Menominee Reservation Boarders)
- Must have a physical or mental impairment that can be documented
- The impairment must constitute or result in a substantial impediment to employment and;
- You can "reasonably expect to benefit", in terms of employment, from the vocational rehabilitation service received.

Upon completion of the referral process, the CMN MVR Counselor will conduct an intake interview to assist in determining eligibility. You will be asked to sign a release of information permitting your healthcare provider to release your disability information directly to CMN MVR. **Services are rendered only after you are determined eligible and have entered into the rehabilitation phase of your program. This process may take up to 90 days.**

I understand the requirements for eligibility in the College of Menominee Nation Menominee Vocational Rehabilitation Program. I will participate in anyway necessary to facilitate the development and implementation of my Individualized Plan for Employment (IPE).

_____ _____

Signature (Parent or Guardian's if under 18) Date