Tanana Chiefs Conference

Tribal Vocational Rehabilitation
122 First Avenue, Suite 500 | Fairbanks, AK 99701
Phone: 907-452-8251 ext. 5891
VocRehab@tananachiefs.org

Application for Rehabilitation Services

All information is confidential and can only be used for furtherance of the Applicant's Rehabilitation planning.

Intake Checklist

- ☐ Copy of Tribal Enrollment Card or Certificate of Indian Blood (CIB) - Intake Can Verify
- ☐ Current medical diagnosis (behavioral health, cognitive, and/or physical)
- ☐ Copy of the letter of approval from Social Security Administration regarding SSI or SSDI - if applicable (presumed eligible with medical documentation of your disability)
- ☐ Completed TVR Application with an Employment Goal

- Disability diagnosis document or letter from your Doctor/Clinician with the diagnosis stated
- Completed Treatment Plan for Alcohol and/or Substance Use Recovery within the last 12-24 months
- List your barriers to employment
- Tribal ID Verification
- Employment Goal (not for training or education
- Draft of a small business plan if applicable (Native crafts, etc.)
- Current contact information: phone/email
- Signed & dated by the Tribal member
- We will review applications within 7-10 working days
- We have less than 60 days to determine eligibility
- If you have further questions, please contact Tribal Vocational Rehabilitation at extension 5891

The Tribal Vocational Rehabilitation (TVR) Program combines funding from multiple federal sources under Public Law 102-477. Applicants must first apply for other available State, Federal, or private assistance, as TVR services are supplemental. Services depend on available funding, and final decisions are made by the TVR Coordinator.

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First Name	Middle Initial	Last Name	Previous Name(s)

Home Address		
Street Address	City	Zip Code

Mailing Address		
Street Address or P.O. Box	City	Zipcode
Social Security Number	Tribal Affiliation/Enrolled Tribal Information	Birthdate

Marital Status

☐ Married ☐ Single ☐ Divorced ☐ Widowed

Home/Cell/Message Phone Number(s)	Email Address

Name TWO(2) people (not living with you) who will always know your address.	
Person 1 Name	Phone Number
Person 2 Name	Phone Number

What is your permanent disability? Please provide current medical document within 12-24 months with this application.

What is your Employment Goal or career field of interest?

Have you ever been a client with Vocational Rehabilitation **(State or Tribal)** before?

☐ Yes ☐ No If yes, please list the program:

By signing this application I am requesting services from Tanana Chiefs Conference Vocational Rehabilitation. I further certify that the information I have provided is correct.

Applicant Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

Counselor's Signature: _____ Date Recieved: _____

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Vocational/Employment Information

Starting with the most recent, list the jobs you've had.

A.	Employer			
	Dates of Employment	Date Started	Date Ended	Salary
	Job Description			
	Reason for Leaving			
B.	Employer			
	Dates of Employment	Date Started	Date Ended	Salary
	Job Description			
	Reason for Leaving			

Household Information

Please list your dependents.

Name	Age	Relationship

Total Number of Dependents:	Total Number in Household:

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Education

High School Graduate or GED?	Where/When?

Starting with the most recent, list high school, trade school, and/or college attended.*

School	Degree	Date Attended

Where you enrolled in Special Education? ☐ Yes ☐ No

Have you ever defaulted on a Student Loan? ☐ Yes ☐ No | If yes, list the status of the loan:

If available, submit copies of degrees/certificates earned and transcripts.

Financial

1. ***Do you receive any assistance from the following sources? (THIS DOES NOT AFFECT ELIGIBILITY)***

Source	*Type*	*Amount*
Adult Public Assistance		
Social Security/SSI		
Retirement Benefits		
Worker's Compensation		
Annuity or Private Insurance		
Veteran's Benefits		
ASHA Housing		

2. How long have you received the benefits indicated above?

3. What is your primary source of support?

4. Total household income:

5. Are you a Veteran? ☐ Yes ☐ No | If yes, what branch of service?

Type of discharge: | Period served:

6. If employed at the time of application, weekly earnings?

7. Are you a member of any Labor Union?

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Medical

1. ***List the doctors and hospitals familiar with your condition.***

Name	Address	Date Last Seen

2. Are you taking any medications? ☐ Yes ☐ No — If so, what type(s) and who is the prescribing physician?

3. Are you receiving personal care attendant services? ☐ Yes ☐ No — Hours/Days:

Legal

1. Do you have a valid Alaska Driver's license? ☐ Yes* ☐ No

2. Do you have your own transportation? ☐ Yes* ☐ No

3. Have you ever been arrested or convicted? ☐ Yes ☐ No

4. Are you currently on probation or parole? ☐ Yes ☐ No — If yes, who is your probation or parole officer?

If yes, please provide copies of you license and/or registration and insurance as applicable.