



Vocational Rehabilitation Referral Form

(This is **NOT** an application for services)

(Please Print Clearly)

PERSONAL

Name: _____ Phone Number: _____

Email address: _____ Alternate Phone Number: _____

Mailing Address: _____

Physical Address: _____ (P.O. Box or Street) _____ (City) _____ (State) _____ (Zip Code) Gender: M or F

Date of Birth: _____ Census No.: _____ Tribal Membership: _____

Are you a registered Navajo Nation voter? If so, which Chapter? _____

Have you ever been a Navajo OSERS or State VR Consumer? YES NO

If YES, when and where? _____

Who referred you for Navajo OSERS? _____

Do you require an accommodation such as an interpreter to attend appointments? YES NO

If YES, please explain your accommodation needs: _____

DISABILITY INFORMATION

What is your disability? (Example: learning, emotional and/or physical disability, etc.) _____

How does your disability interfere with your ability to learn or work? _____

What type of VR services are you seeking to become employed? _____

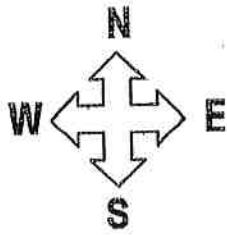
FOR OFFICE USE ONLY

Counselor Assigned: _____

Date and Time of Appointment: _____

Date Received: _____

Directions to Home (MAP)



Description of Residence:
