



**the  
Chickasaw Nation  
Division of Education  
Vocational Rehabilitation Program**

**Bill Anoatubby  
Governor**

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**Eligibility Determination**

<b>Consumer name:</b>		<b>Case number:</b>	
<b>County:</b>		<b>Counselor:</b>	

This consumer has been determined: \_\_\_ Eligible \_\_\_ Ineligible for vocational rehabilitation services from the CNVR agency based on documentation provided by the consumer and/or additional information gathered during assessments.

This determination was made based on the following criteria:

1. The consumer \_\_\_ is \_\_\_ is not a member of a federally recognized tribe. Please reference source information was gained from.

2. The consumer \_\_\_ does \_\_\_ does not permanently reside in the Chickasaw Nation Vocational Rehabilitation service area. Please reference source information was gained from.

3. The consumer \_\_\_ does \_\_\_ does not have a documented physical/mental impairment(s). Describe below. Please reference source information was gained from.

4. The consumer \_\_\_ does \_\_\_ does not have impairments which cause substantial impediments to employment. Describe below. Please reference source information was gained from.

5. The consumer \_\_\_ can \_\_\_ cannot reasonably be expected to benefit in terms of an employment outcome from VR services provided by CNVR. Describe below including detailed trial work experience information if applicable. Please reference source information was gained from.

6. Consumer \_\_\_ does \_\_\_ does not require VR services to prepare for, secure, retain or regain employment. Describe below.

**Counselor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_