



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

**Bill Anoatubby
Governor**

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EXTENSION TO DETERMINE ELIGIBILITY

Consumer name:		Case number:	
County:		Counselor:	

I, _____, understand that the information and/or documentation needed to determine my eligibility for Vocational Rehabilitation services will not be available within sixty (60) days of my application for services. Due to unforeseen and/or exceptional circumstances beyond the control of the Chickasaw Nation Vocational Rehabilitation Program, I agree to allow an extension of _____ days to provide more time to obtain the information and/or documentation related to the following:

- General Medical
- Specialists Examinations/Evaluations/Assessments
- Medical Reports/Records
- Vocational Evaluations

Other:

Date of application:		Initial eligibility determination due date:	
Last eligibility due date:		New eligibility due date:	

Consumer's signature: _____ **Date:** _____

Counselor's signature: _____ **Date:** _____