



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

**Bill Anoatubby
Governor**

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CERTIFICATION OF INELIGIBILITY

Consumer name:		Case number:	
County:		Counselor:	

This consumer was determined ineligible for services because:

- 1. CNVR has been unable to locate or contact the consumer for extended period of time.
- 2. The consumer's disabilities are too severe to benefit from Voc. Rehab. Services.
- 3. The consumer is refusing services from CNVR.
- 4. The consumer is deceased.
- 5. The consumer was institutionalized. Consumer plans to contact CNVR upon release?
 Yes No
- 6. The consumer failed to comply/cooperate with eligibility or program requirements / agreements.
- 7. No disabling condition or impediment to employment exists or could be established.
- 8. The consumer did not meet the order of selection criteria in place (if applicable).
- 9. The consumer has moved his/her permanent address outside of the service area of CNVR.
- 10. Other:
(explain) _____

Description of the reasons the above determination was made (please attach documentation):

Does the applicant agree with the determination of ineligibility? YES NO Not Available

Applicant's comments (if available):

I understand that I may request an informal administrative review or a formal appeal of my application/eligibility/service process if I do not agree with the decision made by my counselor. An informal review/appeal may be requested through my counselor by me or my representative. A formal appeal may be made verbally or in writing 30 days of the effective date of this document. Such an appeal may be heard, at my request, by an impartial hearing officer (IHO), if my appeal is not satisfied at an administrative level of CNVR. I have also been informed about the Client Advocacy Program (CAP) and given a brochure by which I may contact them for support if necessary.

Applicant's signature: _____ **Date:** _____

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