



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

**Bill Anoatubby**  
**Governor**

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**Counselor Case Transfer Report**

<b>Date:</b>		<b>Counselor:</b>	
<b>Consumer:</b>		<b>Case status:</b>	

	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1.	Is the case entered entirely on database? Which portions need to be added?				
2.	Is there an application for services in the file and is it signed and dated by the consumer?				
3.	Is there proof of membership of a federally recognized tribe?				
4.	Does the applicant live within the service area of the Chickasaw Nation Vocational Rehabilitation Program?				
5.	Is the poof of residency documented?				
6.	If needed, are there completed releases of information forms signed and dated?				
7.	Was the consumer determined eligible within 60 days of the application or agreed to an extension of time? What is the due date for eligibility?				
8.	Is there a written IPE?				
9.	Has the IPE been signed and dated by both consumer and counselor?				
10.	Are there timelines for achieving the employment goal listed in the IPE? Is the IPE Active or Inactive?				
11.	Was the consumer given a copy of the IPE?				

	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
12.	Is there evidence of at least an annual review of the IPE?				
13.	Was the consumer referred to the State VR agency?				
14.	Was the consumer referred to all other agencies that may provide comparable benefits?				
15.	Is the consumer utilizing all comparable benefits and only receiving direct services from the VR as the payee of last resort?				
16.	Are the case narratives current (contact with the consumer should be made at least once every three months and documented in the case narratives)? Date of last contact.				
<b>Case Update with Guidance:</b>					