



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

**Bill Anoatubby
Governor**

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CHEMICAL DEPENDENCY CONSULTANT'S REVIEW

Consumer name:		Case number:	
County:		Counselor:	

Instructions to Chemical Dependency Consultant: The following information for the individual listed above will be used in determining his/her eligibility for services and/or in developing a vocational rehabilitation program. Your attention in this matter is greatly appreciated. **PLEASE TYPE OR PRINT NEATLY.**

1. Chemical dependency diagnosis:

2. Criteria diagnosis is based on:

Please list the history of chemical dependency and any treatment received/the dates it was received.

3. Obstacles/impediments diagnosis creates for consumer in attaining/maintaining suitable employment:

4. Prognosis of attaining/maintaining suitable employment with vocational rehabilitation services:

5. Recommendation of vocational services consumer should receive, if any:

6. Other comments:

Consultant's printed name: _____ **Title/agency:** _____

Consultant's signature: _____ **Date:** _____

May we contact you if we have further questions? _____

Contact information to use: _____