



**the
Chickasaw Nation**
Division of Education

Vocational Rehabilitation Program

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Bill Anoatubby
Governor

APPLICATION FOR VOCATIONAL REHABILITATION SERVICES
(Consumer Rights and Remedies)

Consumer name:		Case number:	
County:		Counselor:	

I am applying for services from the Chickasaw Nation Vocational Rehabilitation (CNVR) program. I understand that in order to receive vocational rehabilitation services, I must be a member of a federally recognized tribe, reside within the 13 counties of the Chickasaw Nation, and have a documented physical or mental disability that causes an impediment to attaining and/or maintaining gainful employment.

If I am found eligible, I understand that my counselor will involve me in planning my rehabilitation program and my program will be reviewed at least once a year. I understand consumers will be provided the opportunity to actively participate in all aspects of the VR process by being aware of informed choice and being provided information about available services and their rights and responsibilities as a consumer. Similar benefits and referrals to other agencies will also be used to assist me in my rehabilitation goals. I may also be asked to participate in the cost of my rehabilitation program. I understand that I must keep scheduled appointments or give adequate notice of cancellation.

I understand that rehabilitation services are dependent upon the availability of openings and funds of the CNVR program and its co-servicing affiliates.

I understand that all information will be treated in a confidential manner, and if information is requested, a release form must be obtained prior to release of the information. Furthermore, I also understand that no contact regarding my case, verbal, written or otherwise, will be made to anyone outside of the CNVR offices without my full written consent. This confidentiality agreement will remain in effect indefinitely to protect my privacy following discharge and closure of my case. I understand that through a cooperative agreement between the CNVR and the Oklahoma Department of Rehabilitation Services that any information on cases co-served by the two agencies may be shared freely.

I understand that if I disagree with my VR counselor regarding any decision related to my program, I have the right to have my case heard by the CNVR program director within 30 days of a written notification to CNVR. Should my concerns not be settled or arbitrated to my satisfaction by the CNVR program director, I may request a fair hearing by a designated impartial hearing officer. I affirm that I have received a copy of the Client Assistance Program (CAP) brochure, and understand my right to seek advocacy from this program, in the event that I feel any of my concerns are not addressed appropriately through the CNVR program.

I certify that it is my full intent to work with my VR counselor to establish an Individualized Plan of Employment that will outline the goals and objective I need to meet in order to attain / maintain suitable employment. I certify that it is my full intent to work progressively toward attaining / maintaining suitable employment.

I understand that after I attain / maintain employment for 90 days, I will be expected to provide my VR counselor with information regarding the weekly wages I am earning. I understand that this information will be used for reporting purposes only. The Chickasaw Nation Vocational Rehabilitation program is expected to report an overall consumer average of weekly wages to the federal funding agency for this program. I understand that my information will only be reported as a portion of this overall average and that none of my personal information will be submitted without my written permission. In order for the program to fulfill this requirement, I understand that I will be required to provide the program with my weekly earnings after I attain or maintain employment for 90 days.

I understand that all mandatory information collected from me or about me is done so under the authority of the Rehabilitation Act of 1973 as amended, Title 56, Oklahoma Statute 1971, Sections 328 through 330 and Title 51 Oklahoma Statute 1985, Section 24A.1 through 24A.18. Failure to provide this information may prevent the rehabilitation agency from providing services in a timely manner.

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