*the*
*Chickasaw Nation*
**Education Division**
**Vocational Rehabilitation Program**
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / TFN: (888) 436-0553 / Fax: (580) 436-0830 / TDD: (580) 310-9634
Email: vocrehab@chickasaw.net / Website: chickasaw.net/vocrehab

*Chris Anoatubby*
*Governor*

# REFERRAL TO THE CHICKASAW NATION VOCATIONAL REHABILITATION PROGRAM

| | | | |
|---|---|---|---|
| **Consumer name:** | | **Social Security no.:** | |
| **Address:** | | **Phone number:** | |
| **County residence:** | | **Cell phone:** | |
| **Birth date:** | | **Email address:** | |
| **Date of referral:** | | **Referral made by:** | |
| **Agency referring:** | | **Agency phone no.:** | |

**Is the consumer a member of a federally recognized tribe?** ☐ **Yes** ☐ **No** **Tribe:** _____

**Does the consumer have a physical or mental disability? Please describe.**

**Has the disability kept the consumer from attaining/maintaining gainful employment? Please describe.**

**Does the consumer want to enter/re-enter gainful employment? Please describe.**

**Has the consumer received vocational rehabilitation services in the past? With which agency?**

**Reason for referral:**

**********

**Date received by CNVR:** _____ **Referral taken by:** _____

**Counselor assigned:** _____ **Appt. scheduled:** _____

**Initial packet:** ☐ **Mailed** ☐ **Hand delivered** **Date:** _____