



**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](mailto:vocrehab@chickasaw.net) / Website: [chickasaw.net/vocrehab](http://chickasaw.net/vocrehab)

**Bill Anoatubby  
Governor**

**REFERRAL TO THE CHICKASAW NATION  
VOCATIONAL REHABILITATION PROGRAM**

<b>Consumer name:</b>		<b>Social Security no.:</b>	
<b>Address:</b>		<b>Phone number:</b>	
<b>County residence:</b>		<b>Cell phone:</b>	
<b>Birth date:</b>		<b>Email address:</b>	
<b>Date of referral:</b>		<b>Referral made by:</b>	
<b>Agency referring:</b>		<b>Agency phone no.:</b>	

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:

\_\_\_\_\_  
\_\_\_\_\_

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Date received by CNVR: \_\_\_\_\_ Referral taken by: \_\_\_\_\_

Counselor assigned: \_\_\_\_\_ Appt. scheduled: \_\_\_\_\_

Initial packet:  Mailed  Hand delivered Date: \_\_\_\_\_