



Prairie Band Potawatomi Nation
Social Service Department
Vocational Rehabilitation Program Application
11400 158th Road, Mayetta, KS 66509
Phone (785) 966-8330
Fax (785) 966-8388
Toll Free 1-888-966-2932



Application must be filled out completely. All incomplete applications will be returned. Your assistance in providing the information requested on the following pages will help speed up your eligibility and employment plan process. A Vocational Rehabilitation Representative can assist you in completing the information if you wish.

Once this packet is completed call (785) 966-8338 to schedule an intake interview. This interview will take approximately an hour. Do not bring children with you to the interview, childcare is not provided.

Documents to bring to the intake interview:

- Tribal C.D.I.B Card
- Driver's License or State ID
- Social Security Card
- SSI/SSDI benefits statement, if applicable

Name: _____ Date: _____
Social Security Number: _____ Date of Birth: _____ Sex: ___ M ___ F
Address: _____ City: _____ State: Kansas Zipcode: _____
Telephone Number: (_____) _____
Tribe: _____ Enrollment Number: _____
Marital Status: ___ Single ___ Married ___ Divorced ___ Widow
Maiden Name (if applicable): _____

1. In the event that VR cannot contact you, who may we contact to leave a message?

Name: _____ Relationship: _____
Address: _____
Telephone Number: (_____) _____

*By listing this contact I give Prairie Band Potawatomi Vocational Rehabilitation Program permission to contact the above named person for my PBPN VR case. Initial: _____

*I understand that if PBPN VR can NOT contact me after three tries they will close my case. Initial: _____

2. Do you receive SSI/SSDI? ___ Yes ___ No
3. Are you currently working? ___ Yes ___ No

Employer: _____
Address: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Wage: _____

4. Primary disability: _____
Who is your Primary Care Physician (PCP)? _____
PCP address: _____

Are you taking medication for you primary disability? ___ Yes ___ No
If yes, list medication: _____
Are you seeing a specialist for your primary disability? ___ Yes ___ No
If yes, what is the specialists name and address: _____

5. Does your disability make it difficult for you to find or maintain employment? ____ Yes ____ No
If yes, what impediments to employment does your disability cause (check all that apply):

Mobility

- Unable to obtain driver's license without special adaptations or training
- Cannot travel alone in unfamiliar areas
- Range of travel is severely limited
- Requires assistive devices (canes; crutches; prosthesis; walker; wheelchair) to be mobile
- Other: _____

Work tolerances

- Unable to climb 12 steps
- Unable to walk 100 yards on level surface without pausing
- Cannot sit/stand for more than 3 hours
- Cannot lift more than 20 lbs. repetitively
- Cannot carry more than 10 lbs. for prolonged periods
- Unable to work for an 8 hour day with breaks every two hours due to limitations in mental or physical stamina
- Requires more than 30 days per year away from work due to necessary treatments for medical and/or psychological problems
- Unable to perform tasks at a competitive work pace
- Serious limitations in the ability to follow and/or recall instructions or the appropriate task sequence
- Requires more training and/or supervision than other trainees to obtain work skills
- Other: _____

Work Skills

- Unable to identify logical steps necessary to reach goals (Examples: severe learning disabilities; serious head injury)
- Unable to remember and understand instructions
- Unable to learn new tasks without intensive and/or specialized instructions
- Unable to follow written/verbal instructions
- Other: _____

Communication

- Serious difficulty participating in conversations without speech-reading, sign language, or other visual cues
- Difficulty engaging in telephone conversations even with amplification
- Not readily understood by others on first contact
- Difficulty interpreting emotional content of conversation
- Does not demonstrate understanding of simple requests or is unable to understand one-to-two step instructions
- Unable to access printed/visual information without assistive technology and/or other accommodations
- Other: _____

Self-Care

- Difficulty managing a daily schedule
- Is unable to perform normal activities of daily living without assistance such as hygiene; cooking; shopping; or money management
- Places self or others at risk due to poor decision making reasoning, judgment
- Significant impairment of motor function
- Requires attendant care
- Requires extra attention or monitoring to prevent accident or injury
- Other: _____

Interpersonal skills

- Social isolation or withdrawal
- Poor peer relationships
- Fails to understand obvious social cues
- Frequent grossly inappropriate behavior
- History of anti-social behavior
- Serious problems in interpreting and responding appropriately to the behavior and communication of others
- Difficulty understanding acceptable levels and types of personal interaction appropriate to the worksite
- Frequent conflict with co-workers, supervisors, and others
- Other: _____

Self-direction

- Easily distracted/short attention span
- Impatient/impulsive, poor task completion
- Difficulty adjusting to new situations
- Unaware of consequences of behavior
- Difficulty working independently
- Requires supervision on a frequent ongoing basis to begin and carry through with goals and plans job tasks, to monitor own behavior or make decisions
- Confused or disoriented and requires constant supervision
- Difficulty shifting focus from one activity or task to the next
- Other: _____

Dexterity/coordination

- Unable to use upper and/or lower extremities to obtain, control, and use objects
- Unable to control and coordinate fine and/or gross motor movements such as buttons, wind watches, etc.
- Loss of use of dominant hand
- Significant impairment of motor function
- Other: _____

6. Do you have health insurance? ____ Yes ____ No

7. Have you ever used a traditional healer? ____ Yes ____ No

Would you be interested in traditional medicine or healing? ____ Yes ____ No

If yes, preference of traditional function: _____

8. Have you ever had problems with substance abuse? ____ Yes ____ No

9. Level of education at time of application:

High School Diploma

GED

Associates Degree

Bachelor's Degree

Master's Degree

Vocational/Technical Certificate or License

Other: _____ Type of Votech certificate: _____

Completion date for highest level of education: _____

Are you currently in default on student loans? ____ Yes ____ No ____ N/A

10. Who referred you to the PBPN VR program? _____

11. Have you been in the PBPN VR program before? ____ Yes ____ No

12. Do you have a current VR case with Kansas Rehabilitation Service? ____ Yes ____ No

If yes, please list counselor name and contact number: _____
