



## Lower Elwha Klallam Tribal Vocational Rehabilitation Application

Please complete the information below. It will help us contact you about this program and how we may be able to help you.

Date	How did you hear about us?
First name and middle initial	Last name
Which Tribe do you belong to?	Please write your Tribal number if you have it
Do you know if you have a disability? If yes, please write below.	Do you think you might have a disability? If yes, please write below.
Email address (if you regularly use email)	
Best phone number to reach you	Second phone number
Street address	City, State, ZIP
Mailing address	City, State, ZIP
Emergency Contact/Relationship	Phone number

**Important:** During the enrollment period, all vocational rehabilitation applicants must pass a urinalysis (UA) to determine if any federally illegal substances are being used (including marijuana or medical marijuana), or prescription medications not prescribed to them. If positive, you will not be approved for enrollment; however, you will be encouraged to re-apply and re-test in 90 days. Please sign here that you understand this requirement of enrollment.

**Signature:**

**Date:**