**Application**

|  |  |
| --- | --- |
| **Please give us the information below** | |
| Last name, first name and middle initial | Signature |
| Date | Date of Birth |
| Which Tribe are you enrolled with? | What is your Tribal enrollment number? |
| What is your disability? | How did you hear about us? |
| 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 |
| Vocational Rehabilitation Counselor Signature:  Date: | |

(Note: Application process begins when the Counselor signs the form. You will be notified within 60 days.)