

Warm Springs Vocational Rehabilitation

Application

Personal Information /Case Share: OVRs / OCB / WEDD

Tribe: _____ Enrollment # _____ Social Security #: _____

Last Name, Mi, First Name:		Daye of Birth:
Mailing Address/ Physical address:		Gender: <i>male / female</i>
City:	Sate:	zip code:
Phone Number: Voice		Message Phone Number:
Marital Status: <i>Single Married Separated Divorced Partnered Widowed</i>		
Email Address:		

Emergency Contact: _____ Phone Number: _____

Relationship: _____ How did you find out about WSVR? _____

Have you ever been a consumer with the program before? *Yes/No* When(Date)? _____

If so, has your medical condition(s) worsen. Please explain.

Financial

Have you applied for social security benefits? *Yes / No*

Do you currently get social security benefits? *Yes / No*

SSI amount per month _____

SSDI or SSB amount per month _____

Are You registered to vote? *Yes / No*

Have you registered for selective service? *Yes / No*

DO you have OHP? *Yes / No*

Do you have Medicare, Veterans (Tricare), or other insurance *Yes / No*

Are you currently employed and need further assistance to maintain work? *Yes / No*

Do you receive any earned income, or wages? If so, how much and how often received? *Yes/No*

Do you have current Driver's license? *Yes/No*

Applicant signature: _____ Date: _____