Handel Information Technologies, Inc.
200 S. 3rd St. Laramie, WY 82070
(307) 742-5555
info@handelit.com

VOCATIONAL REHABILITATION APPLICATION

Date of Application: _____

Name: _____
First Middle Last Suffix

Date of Birth: _____ **Age:** ____ **Gender:** _____ **Enrollment #:** _____

Address:

_____
Street # Street Apt #. City State Zip Code

Phone Number: _____ **E-Mail:** _____

Martial Status: **[ ]** Married **[ ]** Single **[ ]** Widowed **[ ]** Other (Explain) _____

HIGH SCHOOL EDUCATION INFORMATION

School Name: _____

Attendance Type: **[ ]** Full-Time **[ ]** Part-Time **[ ]** Not Attending **Special Ed:** **[ ]** Yes **[ ]** No

Certificate Obtained: **[ ]** High School Diploma **[ ]** GED **[ ]** Certificate **[ ]** Other

Highest Grade Completed: _____ **Current Grade:** _____

HIGHER ED/VOCATIONAL TRAINING INFORMATION

School Name: _____

Attendance Type: **[ ]** Full-Time **[ ]** Part-Time **[ ]** Not Attending **Special Ed:** **[ ]** Yes **[ ]** No

Certificate Obtained: **[ ]** High School Diploma **[ ]** GED **[ ]** Certificate **[ ]** Other

Highest Grade Completed: _____ **Current Grade:** _____

EMPLOYEMNT INFORMATION

Organization: _____ **Contact:** _____

Start Date: _____ **End Date:** _____ **Position:** _____

Employment Type: **[ ]** Full-Time **[ ]** Part-Time **[ ]** Seasonal **[ ]** Contract

Duties: _____

Reason for Leaving: _____

EMPLOYEMNT INFORMATION

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Start Date: _____ **End Date:** _____ **Position:** _____

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EMPLOYEMNT INFORMATION

Organization: _____ **Contact: _____**

Start Date: _____ **End Date: _____** **Position: _____**

Employment Type: [ ] Full-Time **[ ]** Part-Time **[ ]** Seasonal **[ ]** Contract

Duties: _____

Reason for Leaving: _____

FAMILY INFORMATION

List all other persons living in the household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and Enrollment #.

Name	Date of Birth	Relationship to Applicant	Enrollment #

EARNED INCOME INFORMATION

List the applicant, spouse (if applicable), and all other household member's earned income. Client must provide copies of income tax return, W-2, wage stubs, etc. for verification.

Name	Annual Earned Income Amount	Source of Income
TOTAL:		

UNEARNED INCOME INFORMATION

List the applicant, spouse (if applicable), and all other household member's unearned income. Client must provide copies of check stubs, statements, etc. for verification.

Name	Annual Unearned Income Amount	Source of Income

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TOTAL:		

APPLICANT CERTIFICATION

I certify that all the answer given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. Should I receive assistance, I confirm I have reviewed the Instructions and the Policies and Procedures of the Example Tribe Voc. Rehab Program and agree to comply with them.

- **I agree to respond to all e-mails from the Example Tribe Voc. Rehab Program.**
- **I authorize the Example Tribe interoffice use of my personal information. I certify all the information I have submitted is true and correct.**

Signature: _____ Date: _____