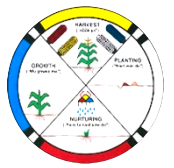




Higher Education and Workforce Development  
**Referral to Hopi Vocational Rehabilitation**



Return completed form to: [ellomawaima@hopi.nsn.us](mailto:ellomawaima@hopi.nsn.us) or mail to: P.O. 123 Kykotsmovi, AZ 86039  
Attn: Hopi Vocational Rehabilitation Program. Questions? Call (928) 734-3524

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

PO #: \_\_\_\_\_ City, State, And Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Tribe Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Village (If Applicable) \_\_\_\_\_ Are you a Veteran?  Yes  No

Gender: \_\_\_\_\_ Highest grade completed? \_\_\_\_\_

Have you ever received services from HVRP?  Yes  No If Yes, what year? \_\_\_\_\_

Do you receive Social Security Benefits for your disability?  Yes  No

If yes, check which benefit(s) you receive:  SSI  SSDI

Do you have a DDD caseworker? (DDD= Developmental Disability Department)  Yes  No

Do you receive services from a behavioral health clinic?  Yes  No

If yes, what is the name of your case manager? \_\_\_\_\_

If yes, what is the name of your clinic? \_\_\_\_\_

What is/are your disability (ies)? \_\_\_\_\_

How does your disability prevent you from working or finding full time employment? \_\_\_\_\_

What are you hoping HVRP services can help you with? \_\_\_\_\_

**What accommodations are needed?**

**Do you require an interpreter**  **Yes**  **No**

**Do you require an assistive listening device?**  **Yes**  **No**

**Do you require translated documents**  **Yes**  **No**

**Do you require any other accommodations?**  **Yes**  **No**

**If yes to any of the above, please explain:**

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**Additional Contact Person:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to participant:** \_\_\_\_\_

**Name of Referral Source:** \_\_\_\_\_

**Company/Agency/Institution:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**OFFICE USE ONLY**

*VR#:* \_\_\_\_\_

*Date Received HVRP:* \_\_\_\_\_ *Date entered into Data Ops:* \_\_\_\_\_

*Contact Date:* \_\_\_\_\_ *Contacted by:* \_\_\_\_\_

*Orientation Date Scheduled:* \_\_\_\_\_

<p><b><u>Outcome of Referral:</u></b></p> <p><input type="checkbox"/> Completed application</p> <p><input type="checkbox"/> Decided not to apply</p> <p><input type="checkbox"/> Missed orientation</p> <p><input type="checkbox"/> Other: _____</p>
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*Comments:*

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