the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services/ Chickasaw Employment Access Division
Vocational Rehabilitation Program
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / TFN: (888) 436-0553 / Fax: (580) 436-0830 / TDD: (580) 310-9634
Email: vocrehab@chickasaw.net / Website: Chickasaw.net/vocrehab

Special Needs Assistance for Chickasaw Citizens with Disabilities

By completing this application, the Chickasaw citizen whose signature appears below makes application for the *Special Needs Assistance for Chickasaw Citizens with Disabilities* program provided by the Chickasaw Nation. The program is available to Chickasaw citizens with a documented mental or physical disability. All other available resources must be applied for and used prior to applying for this program. The program provides up to $500 per year on a **reimbursement basis** for fees incurred to participate in recreational activities such as *Special Olympics* or other recreational activities they choose. For the purposes of this program, social networking online is not considered a recreational activity. Applicable expenses include disability-related assistive technology needed for the Chickasaw citizen with a disability to be able to participate in a recreational activity or expenses incurred to participate in a recreational activity. Due to limited funding, the program shall not help with computers, laptops or iPads. The Chickasaw citizen or his/her parent/legal guardian shall be responsible for mailing the completed application and required documents to the Chickasaw Nation Vocational Rehabilitation. **Along with the completed application, the Chickasaw citizen or parent/legal guardian must submit a copy of the Chickasaw citizen's Chickasaw Nation certificate or citizenship card, a copy of the Chickasaw citizen's current Individualized Educational Plan (IEP) or documentation of disability from a physician, and receipts for assistive technology or expenses paid to participate in the recreational activities.**

(Please type or print clearly in ink)

Name of Chickasaw citizen (first, middle initial, last):	Name of school or physician verifying disability:
Parent/legal guardian's name (if applicable) (first, middle initial, last):	School or physician contact (if applicable):
Chickasaw citizen's address – street, city, state and ZIP:	Address of school or physician:
Chickasaw citizen's phone:	School or physician's phone:
Chickasaw citizen's email:	School or physician's email:

What is your disability and how does it impact your ability to participate in recreational activities?

NOTE: all other resources available must be applied for and used prior to applying for this program. Applicant should have applied for the donation/sponsorship program offered by the Chickasaw Nation Youth Services Division prior to making this application.

What other resources have you applied for to participate in this recreational activity? Please provide proof of approval or denial from all other resources available to you: _____

Form no. 04924 CEA-VR Rev. 10/2019

For the purposes of this program, social networking online is not considered a recreational activity. If you are requesting a piece of assistive technology, please explain how it is required for you to participate in the recreational activity due to your disability:

What are the name and dates of the recreational activity? _____

How did this recreational activity help the Chickasaw citizen's overall quality of life?

Have you received assistance through this program in the past? ☐ Yes ☐ No If yes, please list dates and amounts of assistance received previously:

Parent/legal guardian's signature:	Date:

Chickasaw citizen's signature:	Date:
Parent/legal guardian's signature:	Date:

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NOTICE: all awards will be mailed by certified mail to the address provided on this form. The Chickasaw Nation Vocational Rehabilitation cannot replace lost or stolen checks once delivery has been made to the address listed above. We recommend that students use their permanent address rather than a campus address.

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For Vocational Rehabilitation Use Only		
1. Award amount:	2. Date completed:	3. Approval - authorized vocational rehabilitation staff:

The Chickasaw Nation Vocational Rehabilitation and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.