



The Klamath Tribes RED Vocational Rehabilitation Program

Screening Form

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Social Security Number: _____ Marital Status: _____

Veteran Status: _____

Who referred you to the Klamath Tribes VR Program? _____

Are you a member of a Federal or State recognized tribe? _____

Do you have a physical or mental impairment? _____

Is your physical or mental impairment a barrier to employment? _____

Are you currently employed? _____

Disability Information available: _____

What kind of help are you seeking from the Klamath Tribes VR Program? _____

Additional comments – Any additional helpful info:

Receives GA? _____ Receives TANF? _____

Caseworker assigned: _____

Interviewer Name: _____

Date: _____