



Laguna Acoma Connections

P. O. Box 550 • New Laguna, NM 87038 • (505) 552-0619 • Fax (505) 552-7168

Client Case No. _____

Personal Information:

Name: _____ SS#: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Home Location: _____

Date of Birth: _____ Sex: Male Female

Tribal Affiliation: _____ Tribal Census No.: _____

Disability: _____

Is this disability the result of an injury while employed? Yes No

In what way can the Laguna Acoma Connections provide services? (Check those that apply)

College GED Voc./Tech Training

Class or Training Needs (specify): _____

Workplace needs/support (specify): _____

Other Needs/Support (describe): _____

Have you ever received Vocational Rehabilitation services? Yes No

If yes, when and where? _____

Primary source of transportation: Own vehicle Family vehicle

Other: (list) _____ Do you have a valid driver's license? Yes No

Client Case No. _____

Education & Training: (Check highest level completed)

High School: ___ 9 ___ 10 ___ 11 ___ 12 ___ GED Type of Diploma: _____

College/University: ___ 1 ___ 2 ___ 3 ___ 4 Degree: _____

Vocational School: _____ Type of training? _____

Other training (describe): _____

Licenses or certification (specify): _____

Employment

List dates and type of employment (including volunteer work, self-employment, etc.):

1. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

2. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

3. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

If you have additional information, please list on the back side of this application.

Insurance

Do you have health/medical insurance? ___ Yes ___ No

Insurance carrier: _____

Policyholder: _____ Policy No.: _____

(Check those which apply.): ___ SSI ___ SSDI ___ Medicare ___ Medicaid

Client Case No. _____

Who or what agency referred you to Laguna Acoma Connections? (Please check)

Self Family High School Program/Agency (specify) _____

Are you a veteran? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

How does your disability keep you from working?

I have been provided information regarding my client rights, the due process procedures, confidentiality regarding my case file and have received the Disability Rights of New Mexico Client Assistance program information. Please initial and date: _____

I certify that the information in this application for services is true and complete to the best of my knowledge.

Name of applicant (signature)

Date

Name of applicant (please print)

Guardian (if applicable)

Date