



Coeur d'Alene Tribe
Career Renewal Program
845 P. Street #3
P.O. Box 408
Plummer, ID. 83851
208-686-6802

Welcome to the Career Renewal Program and welcome to a new start in your life. As an empowerment program, we will do our best to assist you in a new adventure in vocational rehabilitation and helping to remove barriers to obtain or retain gainful employment.

Please make sure you have the following documents with you, when you meet with your new counselor:

- Your Tribal ID Card
- Your driver's license or ID card.
- Proof of Residence. Example – a utility bill with your name on it or a letter from the person you are living with.

When you meet with your counselor, they may also ask for a list of your prescription medications and copies of your income like a pay stub. But you don't have to provide that until you meet with them.

Try your best to relax and enjoy the process. Think of what you would REALLY LIKE TO DO when it comes to a job. What do you love to do and would love to do your entire life.

Each case at CRP is based on an Individual basis and is based on informed choice, individual strengths and weaknesses, disability and much more.

Thank you for visiting us and we welcome you with open arms to the CRP program.

Sincerely,

The staff of the Career Renewal Program.



**Coeur d'Alene Tribe
Career Renewal Program**

845 P. Street #3
P.O. Box 408
Plummer, ID 83851
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INITIAL INFORMATION

I. Personal Information

Applicants Full Name: _____

Date of Birth: _____ Referred by: _____

Tribe and Enrollment Number: _____ #: _____

E-mail: _____ County of Residence: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Message Phone: _____

Applicant's primary disability: _____

Applicant's Employment goal ideas: _____

Employer/Source of Income: _____

Client's Signature Date

For CDACRP Staff Use Only

Date Received: _____ Date Sent to Counselor: _____

Appointment with Counselor: Date: _____ Time: _____



VOCATIONAL INFORMATION

Are you involved with any of the following agencies or programs?

None _____

Alcohol/Drugs Treatment _____

Tribal/State or TANF _____

Development Disabilities (DD) _____

America Works _____

Industrial Commission _____

Mental Health _____

Projects with Industries (PWI) _____

Social Security _____

Support Enforcement _____

Veteran _____

Other (Specify) _____

COMPARABLE BENEFITS

As a Client you agree to access these benefits before Career Renewal, as if you qualify for them.

Public Assistance _____

Food Stamps _____

Tribal/State TANF _____

Disability Chapter 31 _____

Montgomery _____

Workers Comp. _____

Unemployment Insurance _____

Retirement Income _____

Church _____

Housing Assistance _____

BIA-(GA) _____

Community Actions _____

Utility Assistance (heat, electricity, etc) _____

Federal, State, Municipal, Private short-term or long term Disability _____

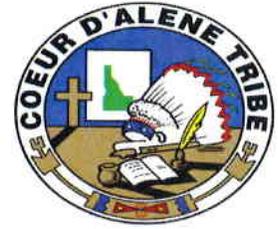
I have read and understood this intake with the comparable benefits.

Signature

Date



Coeur d'Alene Tribe
 TANF/NEW, Career Renewal Program
 845 P. Street
 Plummer, ID. 83815
 (208) 686-6802



RELEASE OF CONFIDENTIALITY INFORMATION

I AUTHORIZE TANF/NEW, CAREER RENEWAL PROGRAMS TO EXCHANGE INFORMATION WITH THE FOLLOWING AGENCIES/PROGRAMS:

- BIA/GENERAL ASSISTANCE
- STATE & TRIBAL EMPLOYMENT OFFICES
- STATE WELFARE DEPARTMENT
- TRIBAL PROGRAMS AND AGENCIES
- SOCIAL SECURITY ADMINISTRATION
- BENEWAH MEDICAL CENTER
- INDIAN HEALTH SERVICES/CONTRACT HEALTH
- ATTORNEY/LEGAL REPRESENTATIVES
- COUNTY, STATE, TRIBAL & OTHER COURT PERSONNEL
- TRIBAL CHILD SUPPORT
- PROBATION OFFICER
- COUNSELING SERVICES
- TESH
- STATE VOCATIONAL REHABILITATION
- OTHER _____

Please list any other that we may need to contract to verify your eligibility for assistance benefits/services from the Coeur d'Alene tribal TANF/NEW/CRP Programs. List any person you may want us to release information to you on your behalf, such as a spouse, relative, friend, etc.....

The information exchange will pertain to my eligibility and/or participation required to receive benefits/services from the Coeur d'Alene Tribe TANF/NEW/CRP Programs. I understand any information obtained will be kept confidential and it will be used only for the purpose directly connected with the administration or benefits or services on my behalf.

I further understand that any information obtained may be released to the proper government agency, or court of law, law enforcement agency for purpose of legal and investigative action concerning fraud.

I acknowledge receipt of the TANF/NEW/CRP Program Privacy Act and understand that this release of information will remain in effect for one year, or until I request in writing to rescind authorization.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____