



Empowering people with disabilities

APPLICATION FOR MPOWER VOCATIONAL SERVICES

516 Expo Circle South
Stillwater, Oklahoma 74074
PHONE 405.377.0834
FAX NUMBER 405.377.0860

APPLICANT

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CELL NUMBER _____ OTHER _____

ETHNIC BACKGROUND _____

FAMILY CONTACT PERSON

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY/STATE _____ ZIP _____

TELEPHONE _____ CELL NUMBER _____ OTHER _____

- IS THERE A COURT APPOINTED LEGAL GUARDIAN? YES _____ NO _____
- IF YES, NAME OF LEGAL GUARDIAN _____

REVIEW OF APPLICANT'S PHYSICAL STATUS

HEIGHT _____ WEIGHT _____

GENERAL HEALTH: EXCELLENT GOOD FAIR POOR

EYESIGHT: GOOD FAIR WEARS GLASSES VISUALLY IMPAIRED BLIND

PHYSICAL ABILITIES: AMBULATORY CANE WALKER WHEELCHAIR

GROSS MOTOR COORDINATION (RUN, HOP, JUMP) EXCELLENT GOOD FAIR POOR

FINE MOTOR SKILLS- WRITING, CUTTING, ETC. EXCELLENT GOOD FAIR POOR

ALLERGIES: _____

DESCRIBE REACTIONS:

DO YOU HAVE A SEIZURE DISORDER?

YES

NO

TYPE/FREQUENCY: _____

TYPE OF DISABILITY: _____

PHYSICIANS CARING FOR APPLICANT

NAME _____ TYPE OF PRACTICE _____

ADDRESS _____ CITY/STATE _____ ZIP CODE _____

MEDICATION	MEDICATIONS APPLICANT IS CURRENTLY PRESCRIBED DOSAGE	HOW OFTEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY KNOWN MEDICATION ALLERGIES?

YES

NO

PLEASE EXPLAIN _____

DOES APPLICANT SELF-MEDICATE?

YES

NO

EDUCATION BACKGROUND

HIGH SCHOOL ATTENDED _____ ADDRESS _____

CITY/STATE _____ ZIP CODE _____

YEAR GRADUATED _____

G.E.D _____

COLLEGE OR TECHNICAL SCHOOLS _____ ADDRESS _____
YEAR GRADUATED _____

WORK EXPERIENCE

NAME OF COMPANY _____ JOB TITLE _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER _____ DATES OF EMPLOYMENT (MONTH/YEAR) FROM _____ TO _____

JOB DUTIES

REASON FOR LEAVING _____

SALARY _____ START DATE _____ END DATE _____

NAME OF COMPANY _____ JOB TITLE _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER _____ DATES OF EMPLOYMENT (MONTH/YEAR) FROM _____ TO _____

JOB DUTIES

REASON FOR LEAVING _____

SALARY _____ START _____ END _____

NAME OF COMPANY _____ JOB TITLE _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER _____ DATES OF EMPLOYMENT (MONTH/YEAR) FROM _____ TO _____

JOB DUTIES

REASON FOR LEAVING _____

SALARY _____ START _____ END _____

HOW WILL YOU GET TO AND FROM YOUR NEW JOB? (I.E. "I HAVE A LIFT PASS", "I WILL DRIVE MYSELF" ETC.)

- DOES APPLICANT HAVE A D.D.S.D CASE MANAGER? YES NO
NAME OF CASE MANAGER _____

- DOES APPLICANT HAVE A VOCATIONAL REHABILITATION COUNSELOR? YES NO
NAME OF COUNSELOR _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, THE INDIVIDUAL MUST ANSWER THE FOLLOWING QUESTIONS.

WHAT IS THE NATURE OF CRIME? (DESCRIPTION OF THE OCCURRENCE)

DO YOU RECEIVE SSI/SSDI? YES NO AMOUNT _____

MPOWER VOCATIONAL SERVICES IS NOT RESPONSIBLE FOR REPORTING EARNED INCOME TO SOCIAL SECURITY

IF YOU AGREE TO CHOOSE MPOWER VOCATIONAL SERVICES AS YOUR PROVIDER, YOU ARE EXPECTED TO:

- PARTICIPATE IN AND COOPERATE WITH THE EMPLOYMENT PROCESS.
- CALL YOU EMPLOYMENT CONSULTANT EVERY MONDAY DURING THE HOURS OF 9:00AM TO 4:00[UNLESS OTHER ARRANGEMENTS ARE MADE BETWEEN YOU AND YOUR EMPLOYMENT CONSULTANT.
- BE ON TIME FOR ALL APPOINTMENTS
- DRESS IN AN APPROPRIATE MANNER AND DISPLAY ACCEPTABLE HYGIENE AT ALL TIMES
- MAINTAIN A POSITIVE ATTITUDE.

I HAVE READ AND OR UNDERSTAND ALL THE ABOVE THAT IS EXPECTED.

SIGNATURE _____ DATE _____



Dear Applicant,

Our contract with the Department of Rehabilitation Services requires us to provide on going support to ensure job stability. In an effort to provide this service we will be seeking long term funding and will need the following documentation to assist us with this. Please include copies of the following documents:

Applicants Birth Certificate

Applicants Social Security Card

Drivers License/State Identification Card

Psychological Assessment

Legal Guardianship Papers (if applicable)

Without the above information and completed application, services will not be able to initiated in a timely manner.



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I _____ HAVE CHOSEN MPOWER VOCATIONAL SERVICES TO BE MY VOCATIONAL PROVIDER. I UNDERSTAND THAT MPOWER VOCATIONAL SERVICES AND THEIR EMPLOYMENT CONSULTANTS WILL ASSIST ME IN FINDING SUITABLE EMPLOYMENT AND PROVIDE SUPPORT THAT WILL ENABLE ME TO BE SUCCESSFUL IN MY CHOSEN FIELD.

SIGNATURE

DATE



MPOWER VOCATIONAL SERVICES

During the Job Placement & Training period, I understand it is in my best interest to participate in the following manner:

1. Return phone calls from my Job Coach in a timely manner (within 3 hours).
2. Inform my Job Coach in advance if I plan to be out of town or unavailable for an extended period of time.
3. Call my Job Coach immediately if my phone number or address changes.
4. If I am called by a prospective Employer for a job interviews contact my Job Coach as soon as possible.
5. If I am unable to report to work due to illness or a family emergency, call my Job Coach immediately.
6. If you experience difficulties at work or issues that need to be resolved contact your Job Coach to assist you in resolving the problem. Do not discuss personal issues with your co-worker.
7. Be prompt and dressed in a professional manner for all appointments.
8. At all times maintain a positive attitude, and discuss any problems you may have with your Job Coach.

I understand and agree to the above mentioned rules and will make my best effort to comply with said rules.

Signature

Date



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I _____ authorize MPower to verify any previous employment. I also give consent for my previous employers to release the information requested.

Please verify the following:

Dates of employment: _____ to _____

Is this individual listed above eligible for rehire: _____

Signature

Date

