



Chehalis Tribe Vocational Rehabilitation Program
Client Case Services Data

Client's Name:

Date:

Part I- Physical and/or Mental Factors:

Client's description/ perception of reported/stated disability(s)-Onset & History:

How to interfere with employment:

Other disabilities their onset and history:

How they interfere with employment:

Currently working/ volunteering? If so, where?

If not, last date worked: _____

Date of most recent medical examination: _____

Doctor's name and address: _____

Consultations with family physicians and/or other physicians and clinics

Date	Doctor/ clinic name address	Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospitalizations

Date	Hospital	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the client had/have any of the following?

☐ Trouble with eyes or hearing?

☐ Blackouts or fainting?

☐ Teeth or mouth problems?

☐ seizures or convulsions?

☐ High blood pressure?

☐ Insomnia or nervous problems?

☐ Asthma or shortness of breath?

☐ Drug or alcohol problems?

☐ Stomach trouble or ulcers?

☐ Tumor, cancer, or blood disorders?

☐ Jaundice or sugar problems?

☐ Serious pain requiring treatment?

☐ Rupture or hernia?

☐ Digestive problems or bowel troubles?

☐ Other medical problems _____

If so effect on daily activities _____

Has client ever been recommended for treatment by a psychiatrist, psychologist, mental health center, family counseling, etc.? ☐ Yes ☐ No

Dates	Recommended by	Treated by	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has client ever been injured on the job, developed an occupational disease, or been released from the armed forces for medical reasons? ☐ Yes ☐ No

If yes, give details and workers compensation or VA claim numbers

Date	Claim #	Nature of problems	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does client have any compensation injuries or disease? ☐ Yes ☐ No If yes, give details

Part II- Education Factors

Highest grade of school completed _____ When? _____ GED? ☐ Yes ☐ No

High school attended _____ Location _____

School or other training _____

Where taken _____

If not completed why not? _____

Other school/training: _____

Comments: (strong interests, dislikes, etc.) _____

Part III – Socio-Environment Factors

Marital Status: ☐ Single/ Single parent or other dependent ☐ Married ☐ Divorced ☐ Separated

Maiden Name (if applicable): _____

Number of Dependents: _____ total number in family: _____

Family household

Name	Age	Relationship	Employed (job)	Education
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home status: ☐ Own ☐ Rent ☐ Roommate ☐ Family Dependent

Home Satiability Frequency of moves: _____

Name/ Address/ Telephone of person who can locate you: _____

Comments: _____

Criminal Record: ☐ Yes ☐ No if yes, explain _____

Under probation or parole supervision? ☐ Yes ☐ No

Name of parole officer: _____

Part IV- Economic Factors

Work Status: _____ Hours worked monthly: _____

Total family income monthly: _____ Plus other _____

Primary source of support: _____

Public Assistance: type: _____ Amount \$: _____ Monthly Duration: _____

SSDI benefits: ☐ Yes ☐ No Amount \$ _____/monthly

SSI benefits: ☐ Yes ☐ No Amount \$ _____/monthly

SSA claim type: _____ if type 2, 3, 8, or 9, wage earners SS# _____

Veteran: ☐ Yes ☐ No if yes, monthly benefit amount \$ _____

Automobile Transportation: ☐ Yes ☐ No Other: _____

Driver's license _____ Car insurance _____

Medical Insurance: ☐ Yes ☐ No Claim # _____ Type/Coverage: _____

L & I Benefits: ☐ Yes ☐ No Claim # _____ Amount \$ _____/Monthly

Unemployment compensation: ☐ Yes ☐ No Amount \$ _____ Monthly

Comments (miscellaneous factors):

Part V- Vocational Factors

Job History—Start with most recent position

Employer _____ Type of Business _____
Address _____ Job Duties _____
From _____ to _____ Reason Left _____

Employer _____ Type of Business _____
Address _____ Job Duties _____
From _____ to _____ Reason Left _____

Employer _____ Type of Business _____
Address _____ Job Duties _____
From _____ to _____ Reason Left _____

Previous contact with state DVR: ☐ Yes ☐ No If yes, when _____

Usual occupation: _____

Vocational testing what and where: _____

Efforts made to secure a job: where: _____ when: _____

Prospects for a job: where: _____ when: _____

Vocational choices: 1. _____ 2. _____

3. _____ 4. _____

Reasons for choices: _____

Comments (special skills, licenses, references, labor conditions): _____

Part VI- Interview Comments

Counselor Signature: _____ Date: _____