

# VOCATIONAL REHABILITATION & TRANSITION



**“What Students, Parents, and the  
IEP Team Need to Know”**

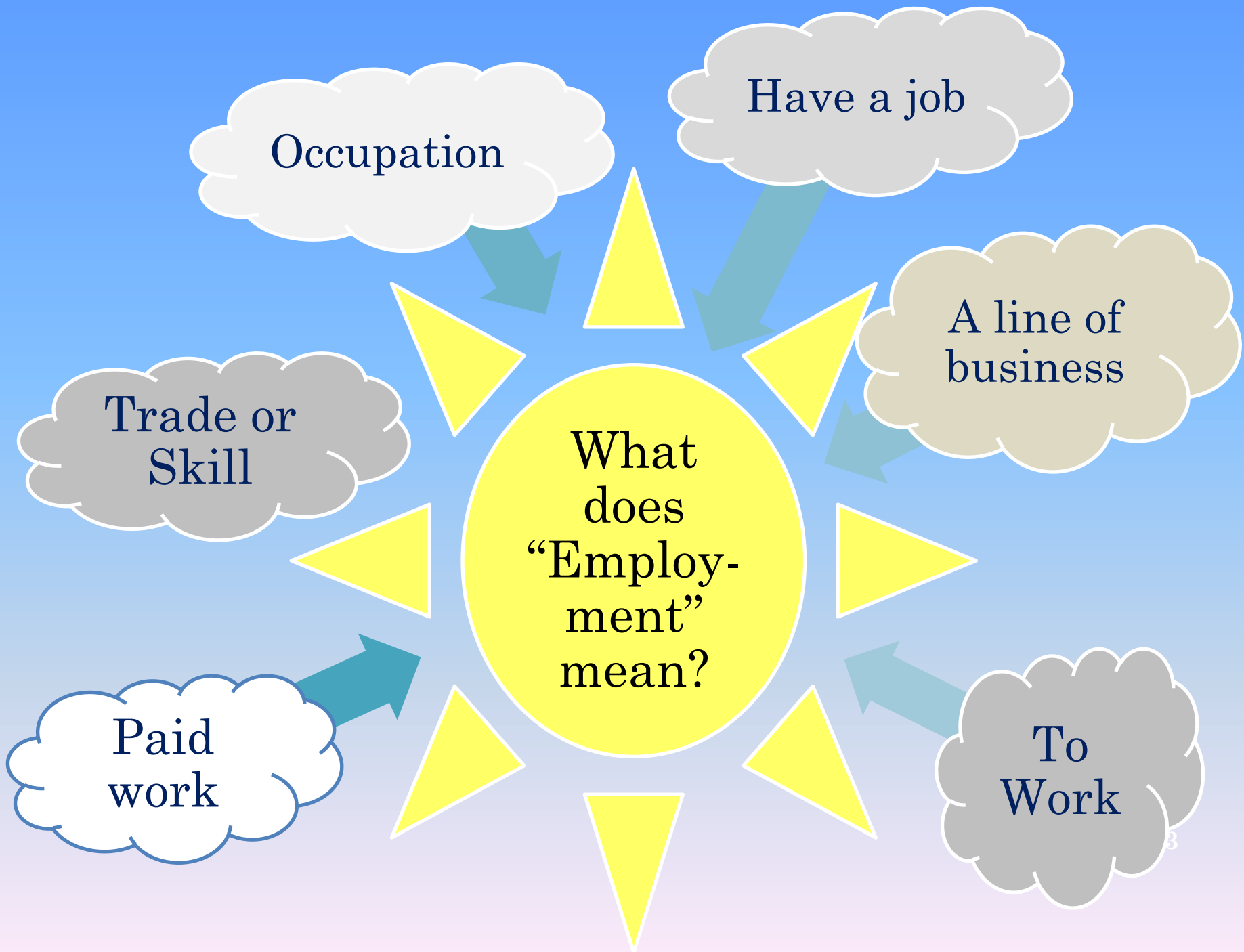
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# **VR PROGRAM**

A group of five people, four women and one man in a wheelchair, are smiling in a kitchen setting. The man is in the foreground, wearing a plaid shirt and a wheelchair. The women are standing behind him, dressed in casual and traditional attire. The background shows a kitchen with a counter, a sink, and some kitchenware.

## **Mission:**

**It is the mission of the Office of Vocational Rehabilitation to increase employment and promote independence among eligible individuals with disabilities throughout the Commonwealth of the Northern Mariana Islands.**



**The vision of OVR is that  
individuals with  
disabilities**

are working in a enjoyable  
and comfortable place

are able to make good  
decisions with informed  
choices

are  
independent.

Family and other support help people with disabilities carry out their dreams of employment

Full participation on creation of their VR program

Right/ agreed on VR help

**Increased Independence**

Accepting disability as a natural part of life

Timely delivery of services

# Requirements

- A. Is a person with a disability, and
- B. Has a physical or mental impairment which may cause difficulty while working; and can gain employment results from VR help; and
- C. Needs or wants VR help to train, get, or keep a job; and
- D. Has legal right to work in CNMI or the United States.

Make an  
appointment  
so I can meet  
with you.



# FILL OUT OVR APPLICATION



**OFFICE OF VOCATIONAL REHABILITATION**  
**Application for Services: Basic Support & Supported Employment**  
 P.O. Box 501531, Saipan, MP 96950 Tel: 322-6337 Fax: 322-6536



DATE: \_\_\_\_\_

**Intake/Referral**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender:  M  F

Leat \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Island: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Village: \_\_\_\_\_

Phone: \_\_\_\_\_ Home  Work  Cell \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Work  Cell \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Work  Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Marital Status:  Married  Single  Separated

Ethnicity:  White  Black/African American  American Indian/Alaska Native  Hispanic/Latino  Asian ( Filipino  Chinese  Korean  Japanese  Thai  Other Asian  Pacific Islander ( Carolinean  Chamorro  Chuukese  Marshallese  Pohnpeian  Palauan  Yapese  Other: \_\_\_\_\_

Citizenship:  US  Other: \_\_\_\_\_ OW-1/Visa/Permit No.: \_\_\_\_\_ Are you legally eligible for employment in the CNMI?  Yes  No  
 (or non-US please specify) \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

Person OVR can contact if we need to reach you: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Home  Work  Cell \_\_\_\_\_ Address: \_\_\_\_\_

Referral Source:  Boss  School \_\_\_\_\_ If self referral, how did you learn about the Program? \_\_\_\_\_

Other:  DWA  Agency \_\_\_\_\_ Agency Name: \_\_\_\_\_  TV  Newspaper  Yarnery  Tribune  STA  Other: \_\_\_\_\_  Radio  CDM  DCOM  DDOVP  DOWAW  Other: \_\_\_\_\_

Previous Consumer?  Yes  No Have you been diagnosed with diabetes?  Yes  No

**Application for Services: Basic Support & supported Employment**

Disability Reported: \_\_\_\_\_ Cause/Source of Impairment: \_\_\_\_\_

Secondary Impairment: \_\_\_\_\_ Cause/Source of Impairment: \_\_\_\_\_

How does your impairment(s) keep you from getting or keeping a job? \_\_\_\_\_

What services do you need from our agency to get or keep a job? \_\_\_\_\_

Insurance:  Yes  No  Pending Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Part  A  B  C  D Medical #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary Source of Support:  Personal  Family & friends  Government Retirement  Federal  Local \$ \_\_\_\_\_ /mth  
 Public Support  All other sources

Veteran's disability benefits \$ \_\_\_\_\_ /mth  Worker's compensation \$ \_\_\_\_\_ /mth  SSI  SSDI \$ \_\_\_\_\_ /mth

Are you currently receiving services from other agencies?  Yes  No  Public Housing  DDCG  Other: \_\_\_\_\_

DWA  DNMC  DNAP  DWIC \$ \_\_\_\_\_ /mth

Are you currently employed?  Yes  No Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

May we contact your current employer?  Yes  No *If no, please be advised that OVR may be unable to complete a comprehensive assessment to determine your eligibility/eligibility for services.*

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_ Hours worked/wk: \_\_\_\_\_

Employer (Name & Location)	Employment Dates (From-To)	Wage (Per hour)	Position & Duties	Reason for Leaving

Do you have a high school diploma? If yes, please choose one:  Yes  No  Regular/GED  Certificate Name of School: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

If No, highest grade completed: \_\_\_\_\_ If in school, projected year of graduation: \_\_\_\_\_ Are you in Special Education?  Yes  No  
 Did you receive services under an IEP?  Yes  No

College or University Education (at degree): \_\_\_\_\_ Trade School: \_\_\_\_\_

Valid CNMI Driver's License?  Yes  No Own car?  Yes  No  Spouse owns car Do you own the house you're living in?  Yes  No

Living Arrangements:  Private residence  Homeless/Shelter  Other: \_\_\_\_\_


Are you renting/leasing the house you're living in?  Yes  No Do you need info on affordable & accessible housing?  Yes  No

**SIGNATURE &**

I have read and acknowledge understanding of my rights and responsibilities, including Confidentiality of Information, Due Process, and the availability of the Client Assistance Program and how I might contact them. I also acknowledge receipt of the VR Consumer Handbook.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant's Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

 OVR Representative \_\_\_\_\_ Date **06/15/2015**



# I NEED PICTURE ID...



- Military ID
- Driver's License
- Identification Card
- Mayor's Office ID
- Student ID
- Indegenous ID
- Passport



# WHY OVR?

- ❖ **Order tests to find out your needs**
- ❖ **Advise and Guide you about your dream job**
- ❖ **Refer you to the right agencies that can help you**
- ❖ **Work Experience Training (WET) or On-the-Job Training (OJT) so you get experience in the field of your choice while getting paid!**
- ❖ **Assisting with Transportation by paying you back for miles you've used to go to training, school, or work either with your car, COTA, or taxi.**
- ❖ **Job Search and/or placement**
- ❖ **Personal Aid services while working on WET and OJT**
- ❖ **Occupational licenses, tools and supplies**
- ❖ **Assistive Technology: eye glasses, canes, hearing aids, and more**

# PICTURES!!!



ATHLETES OF THE YEAR, FROM LEFT TO RIGHT, BEOUCH NGIRCHONGOR, RACHEL ABRAMS, GABRIELLE RACE AND ROBBIE SCHORR POSE WITH THEIR TROPHIES DURING THE NORTHERN MARIANAS SPORTS ASSOCIATION ANNUAL AWARD BANQUET HELD AT THE KANOA RESORT LAST THURSDAY. PHOTO BY JAMES F. SABLAN



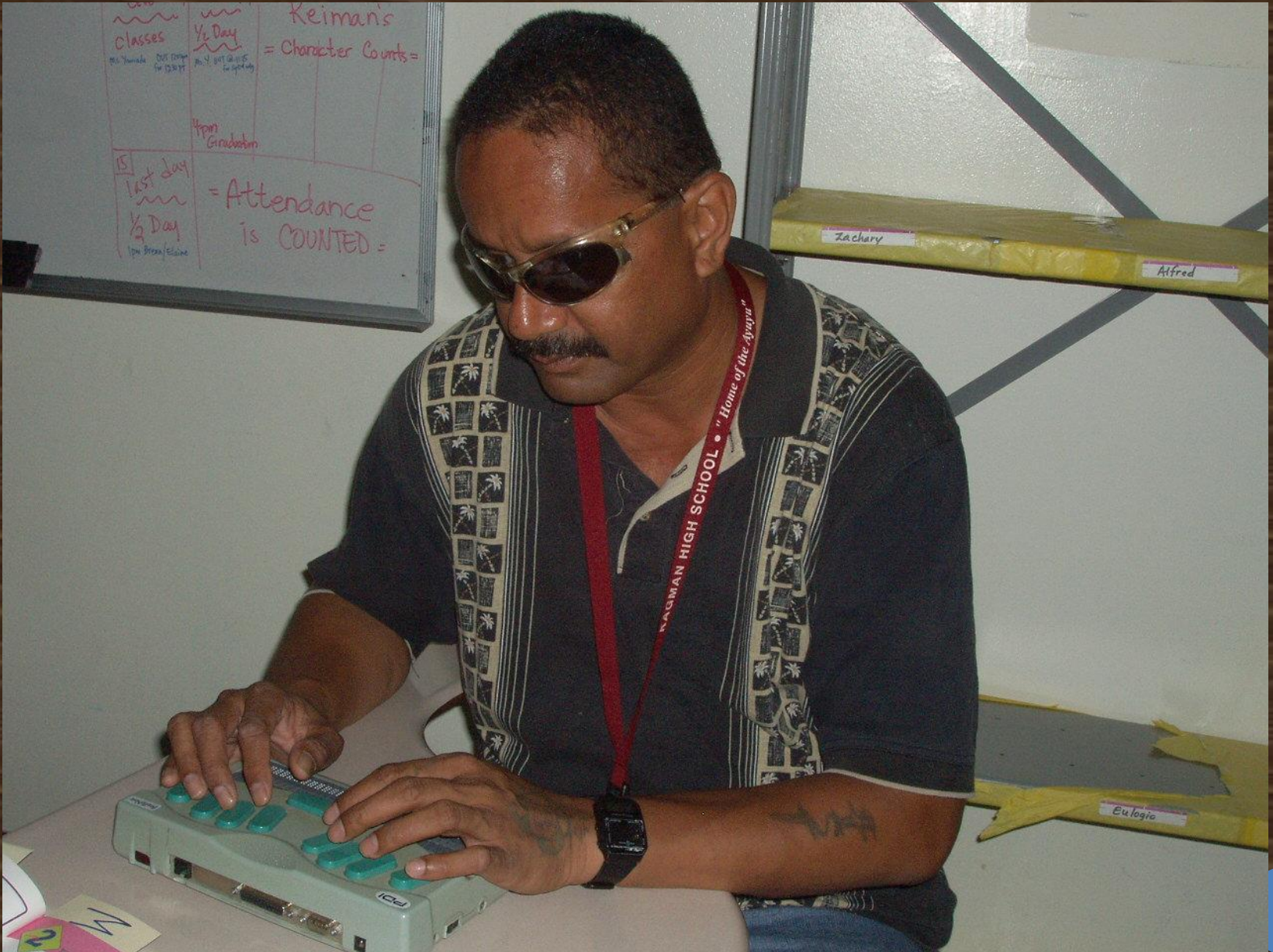




**SAFETY**  
FIRST  
HELP KEEP THE  
PLAY AREA SAFE  
AND CLEAR







# Other Ways we can help...

- Together we make a PLAN!  
Individualized Plan for Employment  
(IPE)
- Talk about how you're going to get that  
dream job
  - Employers
  - Training or School
- Follow-ups to make sure we're on track
- Celebrate with you when you get your  
first Check! CHA-CHING\$\$\$

# COMMUNITY RESOURCES THAT MAY ASSIST WITH TRANSITION

Center for  
Independent Living  
322-4304

NMC Disability  
Support Services  
234-3690

NMTI  
235-6684

Pinnacle Staffing  
234-3015

COTA 664-COTA  
(2682)

Department of Labor  
664-3196  
Workforce Investment  
Agency  
664-1704/5

Center for  
Independent Living  
322-4304

Social Security  
Administration  
234-6203

NMPASI  
235-7273/4  
Voices of the CNMI  
664-7000/1

DD Counsel for  
Assistive Technology &  
Trankilu  
665-7000/1/3/5

# COUNSELING TEAM



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*This handout is available in alternative format(s) upon request.*

