

Request for Pre-Employment Transition Services for Potentially Eligible Students



Potentially Eligible Services:

In partnership with ACCES-VR, WorkGuide is offering *Potentially Eligible Services* to qualifying students starting at the age of 14. WorkGuide staff work closely with applicants on the referral process to access the vocational services needed.

Overview of Referral Process:

1. Complete the referral/consent form (must be signed by parent/legal guardian if under 18)
2. Submit the DePaul referral/consent form with documentation to DePaul WorkGuide.
3. Once received, DePaul WorkGuide submits to ACCES-VR to get approval to move forward.
4. After approval, WorkGuide staff will contact you to coordinate services.

For questions or assistance with referral, please contact:

WorkGuide Director-Fiona Osier at 585-777-3540

Referral & documentation can be submitted by email or postal mail:

Email: workguidereferrals@depaul.org

Mailing Address:

Fiona Osier
DePaul WorkGuide
1000 University Ave. Suite 300
Rochester, NY 14607

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**Referring Potentially Eligible Provider:
DePaul Community Services, WorkGuide**

Information and Consent

DePaul WorkGuide provides Pre-Employment Transition Services (Pre-ETS), as defined by the Workforce Innovation and Opportunity Act (WIOA), to a student(s) with a disability who is eligible or potentially eligible for VR services. A student with a disability is defined as an individual who is enrolled in an educational program, is between the ages of 14 and not yet 23 and is eligible for special education and related services under IDEA or is an individual with a disability for Section 504 of the Rehab Act. In collaboration with schools and other community partners, pre-ETS will be made available to students with disabilities who require one or more of these services. The following information completed by school, families or community providers should be sent along with documentation of the student's disability for any potentially eligible students who is not currently receiving VR services.

Section I: Student Background Information (*indicates required field)

*Student Name (Last):	*Student Name (First):	M.I.:	Suffix:	*Student Social Security Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify	*Student Birth Date (mm/dd/yyyy):		*Student County of Residence:		
*Student Home Address (Street):			*Student City:	*Student State:	*Student Zip Code:
*Student Home Phone No. (10-digit): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Video Phone			Student E-mail Address:		
*Student Race/Ethnicity <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Does not wish to self-identify *Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the student a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No" please list immigration status:		
*IEP/504 Classification: _____ _____					
Other accommodation-related information: _____ _____					

Section II: Request for Pre-Employment Transition Services (all field required)

<p>Below are the Pre-Employment Transition Services offered. These services are intended to be the earliest set of services to assist students with identifying career interests and to provide the ability to practice and improve workplace skills.</p> <p>*Students may elect to receive some or all the services:</p> <p><input type="checkbox"/> Job Exploration Counseling (1005X)</p> <p><input type="checkbox"/> Post-Secondary Counseling (1008X)</p> <p><input type="checkbox"/> Instruction in Self-Advocacy (1006X)</p> <p><input type="checkbox"/> Workplace Readiness Training to Develop Social Skills and Independent Living (1007X)</p>	
<p>Check which documentation of disability is included:</p> <p><input type="checkbox"/> IEP</p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> SSA Award Letter</p> <p><input type="checkbox"/> Other diagnostic documentation: Specify: _____</p>	<p>Currently enrolled in high school? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Currently enrolled in post-secondary program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Referring organization (school, college, agency, or other): _____ _____</p>
Current Grade Level:	Expected Graduation/Exit Date:

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Referral Source:	
Referral Source E-mail:	Phone No. (10-digit):
Referral Source Relationship:	Address (Street, City, State, Zip):
Signature:	Date:

I understand this is not an application for services from Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-VR) or for the Commission for the Blind. DePaul WorkGuide is committed to good privacy practices. As such, DePaul WorkGuide is disclosing that to fully process your request for Pre-Employment Transition Services, access is required to personal information about you, which will be maintained by the Potentially Eligible provider. By signing this form, you are permitting access to any personal information (PII) necessary to process your request for Pre-Employment Transition Services, to provide these services to you. Please note that DePaul WorkGuide protects any non-public, confidential personal information maintained about you from release to the public or unauthorized third party.

By signing below, I authorize ACCES-VR to obtain/release information (including school records, disability information and status of ACCES-VR process). By signing below, I acknowledge that in completing the request for Pre-Employment Transition Services, DePaul WorkGuide may obtain or release confidential personal information about me as follows:

- in collaboration with ACCES-VR vendors and Partners on my behalf
- to report my progress to the school or agency who referred me to DePaul WorkGuide
- when required by law and to facilitate the administration of the Rehabilitation Act
- to other state agencies, if applicable

DePaul WorkGuide does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age, sexual orientation, gender, veteran or military status, and/or genetic information or in any manner prohibited by law.

Signature of the individual (If under 18, the parent or legal guardian must also sign below):	Date:
Signature of Parent or Legal Guardian, if applicable:	Date:
Parent or Legal Guardian Name, if applicable:	Phone #:
Parent or Legal Guardian E-Mail, if applicable:	

