

Pre-ETS Student Referral

Pre-Employment Transition Services

Date _____
Referral taken by _____

*** = required field**

Last Name* _____

First Name* _____

Middle Name _____

Preferred Name _____

Previous Last Name _____

Previous First Name _____

Honorific (i.e., Jr., Sr., II, etc.) _____

Preferred Pronouns _____

Birth Date* _____

Gender* Male Female

Do not wish to self-identify

Address

Home Address _____

City _____

State _____ ZIP Code _____

County* _____

Check if Home and Mailing addresses are the same.

Mailing Address _____

City _____

State _____ ZIP Code _____

Participant Phone Numbers

Primary _____ Extn _____

Voice Text VP

Comments _____

Secondary _____ Extn _____

Voice Text VP

Comments _____

Your race/ethnicity (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Do not wish to self-identify

Language(s)* (Check all that apply)

- English Spanish Vietnamese
- American Sign Language Braille
- Large Print English
- Other

Need Interpreter?* Yes No

Preferred communication format*

Phone Email Mail

Other _____

Alternate communication format*

Phone Email Mail

Other _____

Describe how disability impairs individual's ability to work.

Social Security Disability Insurance (SSDI) Status

- Applicant - allowed benefits Do not use
- Applicant - denied benefits Medical recovery
- Application status pending Not an applicant
- Benefits discontinued or terminated
- Not known if an applicant

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DVRS Use Only		
Office _____	Responsible staff member _____	Caseload _____

Referral Source

Referral Source* _____

Referral Source Detail* _____

Last Name _____

First Name _____

Address _____

City _____

State _____ ZIP Code _____

Primary phone _____

Voice TDD Fax

Other _____

Secondary phone _____

Voice TDD Fax

Other _____

Email _____

Comments _____

Contacts (required if under 18 years old)

Salutation Dr. Miss Mr. Mrs. Ms.

Last Name _____

First Name _____ M.I. _____

Honorific (i.e., Jr., Sr., II, etc.) _____

Contact Type Counselor Doctor Emergency
 Family member Guardian

Relationship _____

Address _____

City _____

State _____ ZIP Code _____

Phone - primary _____

Voice TDD Fax

Other _____

Phone - secondary _____

Voice TDD Fax

Other _____

Email _____

Other Comments _____

Additional Referral Information

What services are you interested in? (Check all that apply)

Counseling in enrollment opportunities

Instruction in self-advocacy

Job exploration counseling

Non-Pre-ETS support service

Workplace readiness training

Work-based learning experience

Education

Enrolled in high school at time of referral? Yes No

High school graduate? Yes No

Name of current high school* _____

Highest grade completed _____

What year will you graduate or exit high school? _____

Did you receive accommodations or learning supports while in high school? Yes No

What supports did you receive while in high school?
 504 IEP None

Employment

Are you currently employed? Yes No

Additional Services

Are you receiving services from:

Division of Developmental Disabilities (DDD)

Yes No

Commission for the Blind & Visually Impaired (CBVI)

Yes No

Other agency/org (s) _____

REQUEST FOR PRE-EMPLOYMENT TRANSITION SERVICES AND NOTIFICATION OF RIGHTS

I am requesting pre-employment transition services.
I understand that:

- Pre-employment transition services are not traditional vocational rehabilitation services.
- Participating in pre-employment transition services does not qualify me for vocational rehabilitation services, because the eligibility criteria are different. People who apply for vocational rehabilitation services are subject to DVRS Order of Selection and wait list restrictions.
- If I wish to apply for vocational rehabilitation services, I may do so in my next-to-last year of school.
- If I apply for vocational rehabilitation services before I receive pre-employment transition services, my pre-employment transition services may be delayed.
- Pre-employment transition services are limited services that DVRS can provide to a student with a disability. A student with a disability is someone who:
 1. Has a disability.
 2. Is at least 14 years old and has not turned 22 years old.
 3. Is currently attending or enrolled in an educational program. (This includes secondary education; non-traditional or alternative secondary education, including home schooling; and post-secondary education programs approved by the NJ Department of Higher Education. It also includes other recognized educational programs limited to those offered through the juvenile justice system, adult basic education programs such as GED or external diploma programs, and WTC career and technology training programs.)
 4. Has not graduated, completed, exited, or withdrawn from their educational program.

I understand that pre-employment services are limited to the following services, if they are available in my local area and appropriate for my situation:

1. Job exploration counseling.
2. Work-based learning experiences. This may include in-school or after-school opportunities, or experience outside the school setting (including internships) in a community environment that is as integrated as possible.
3. Counseling on opportunities for enrolling in comprehensive transition or postsecondary educational programs at college or university.
4. Workplace readiness training to develop social skills and independent living skills.

5. Instruction in how to advocate for yourself (including person-centered planning). This may include mentoring from peers with disabilities working in competitive integrated employment.

- * I affirm that I am providing information that is true, correct and complete to the best of my knowledge.
- * I understand that if I give DVRS untrue or fraudulent information, DVRS may not provide services or may discontinue them.
- * I have been given a copy of the Disability Rights NJ brochure from my assigned counselor.

If there is any information you do not understand, please discuss with your DVRS counselor before signing.

Student Signature

Date

Signature of Parent or Representative
(if student is in high school, under age 18, or has a legal guardian)

Date

INFORMATION GATHERING

- If you do not provide the requested documentation of disability, you will not receive pre-employment transition services.
- The information you provide is not available to the public unless you give written permission.
- The information you provide is shared with other government agencies only:
 - ♦ when needed to provide your benefits or services
 - ♦ when the agencies audit, evaluate or research the rehabilitation program (your confidentiality is kept safe), and
 - ♦ to get paid for services provided by third parties.
- Your Social Security number is used by DVRS only for required federal reporting and, if needed, to confirm Social Security benefits and financial transactions.