**Referring Potentially Eligible Provider**: Arc of Chemung Schuyler

Information and Consent

Arc of Chemung Schuyler 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 who is eligible for special education and related services under IDEA **or** is an individual with a disability for the purposes of Section 504 of the Rehab Act. In a collaboration with schools and other community partners, pre-ETS will be made available to students with disabilities who have a need for 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)

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| **\*Name** (Last) | **\*Name** (First) | **M.I** | **Suffix** | | **\*Social Security Number** | | |
| **Gender** **Male** **Female**  **Did not self-identify** | **\*Birth Date (mm/dd/yy)** | | **\*County of Residence** | | | | |
| **\*Home Address (Street)** | | | **\*City** | | | **\*State** | \***Zip Code** |
| **\*Home Phone No. (10-digit)** **Voice** **TTY** **Video Phone** | | | **E-mail Address** | | | | |
| **\*Race/ethnicity**  **American Indian / Alaskan Native**  **Hispanic / Latino\*** **Asian**  **Black/African American** **Native Hawaiian/other Pacific Islander**  **White** **Does not wish to self-identify**  **\*Please select secondary race/ethnicity** | | | | **U.S. Citizen?** **YES** **NO**  **If “No” please list immigration status** | | | |
| **\*Student’s primary disability**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Need for auxiliary services?**  **Reader** **Interpreter** **Other (list below)** | | | | |
| **Other disability related information** | | | | | | | |

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

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| **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.**  **\*Students may elect to receive some or all the services:**  Job Exploration Counseling (1005X)  Instruction in Self-Advocacy (1006X)  Workplace Readiness Training to Develop Social Skills and Independent Living (1007X)  Postsecondary Options Counseling (1008X)  Work-Based Learning Experience (WBLE) Development (1009X)  Work-Based Learning Experience (WBLE) Wage Reimbursement (1001X)  Work-Based Learning Experience (WBLE) Mentor (1002X) |

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| **Check which documentation of disability is included.**  **IEP**  **504 Plan**  **SSA Award Letter**  **Other diagnostic documentation**  **Specify:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Currently enrolled in high school.** **YES** **NO**  **Currently enrolled in post-secondary program** **YES** **NO**  **Referring organization (school, college, agency, or other)**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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** |

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| **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. Arc of Chemung Schuyler is committed to good privacy practices. As such, Arc of Chemung Schuyler 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 Arc of Chemung Schuyler 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, Arc of Chemung Schuyler 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 Arc of Chemung Schuyler** * **when required by law and to facilitate the administration of the Rehabilitation Act** * **to other state agencies, if applicable**   **Arc of Chemung Schuyler 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 individual (If under 18, 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 No.** |
| **Parent or Legal Guardian E-Mail** |  |