

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 ☐ OtherNeed Interpreter?* ☐ Yes ☐ No**Reported disability**_____
_____**Preferred communication format***☐ Phone ☐ Email ☐ Mail☐ Other _____**Alternate communication format***☐ Phone ☐ Email ☐ Mail☐ Other _____**Voter Registration***☐ Currently Registered☐ Not currently registered; do not want to apply☐ Not currently registered; DO want to apply☐ Not eligible to register**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 on opportunities for enrolling in comprehensive transition or postsecondary educational programs at college or university.
- ☐ Instruction in how to advocate for yourself (including person-centered planning). This may include mentoring from peers with disabilities working in competitive integrated employment.
- ☐ Job exploration counseling
- ☐ Workplace readiness training to develop social skills and independent living skills.
- ☐ 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.
- ☐ Other Pre-ETS support service

Education

Enrolled in high school at time of referral? ☐ Yes ☐ No

High school graduate? ☐ Yes ☐ No

Name of current high school* _____

Location _____

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/organization(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.
- 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.

Please submit referral via

email to: dvradmin@dol.nj.gov **or**

fax to: 609-292-8347 **or**

mail to:

DVRS

NJ Dept. of Labor & Workforce Development

PO Box 398

Trenton, NJ 08625-0398

INFORMATION GATHERING

- If you do not provide the requested documentation of disability, you may 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.

☐ * 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 understand that pre-employment services provided by DVRS may not duplicate or supplant services that are already provided by local education agencies through the Individuals with Disabilities Education Act (IDEA).

If there is any information you do not understand, please do not sign this until discussing with your DVRS counselor (once assigned).

Student Signature

Date

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

Date