

# 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

### 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

<b>DVRS Use Only</b>		
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  NoHigh 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 &amp; 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](mailto: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