

Request for Pre-Employment Transition Services for Potentially Eligible Students with Disabilities

Referring Potentially Eligible Provider:

AutismUp

Information and Consent

AutismUp 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 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. AutismUp in collaboration with schools and other community partners, will make pre-ETS available to students 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)

*Name (Last):	*Name (First):	M.I.:	Suffix:	*Social Security Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify	*Birth Date (mm/dd/yy):		*County of Residence:		
*Home Address (Street):			*City:	*State:	*Zip Code:
*Home Phone No. (10-digit): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Video Phone			E-mail Address:		
*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 *Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No" please list immigration status:		
*Student's primary disability:			Need for auxiliary services? <input type="checkbox"/> Reader <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (list below)		
Other disability related information:					

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

AutismUp 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 are potentially eligible for Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-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 23, and who is either eligible for special education and related services under IDEA or has a 504 plan or is an individual with a disability for the purposes of Section Transition Services available to students with disabilities who need one or more of these services and have not yet applied to or have an open case with ACCES-VR. The following information completed by school/referring personnel should be sent along with documentation of the student's disability for any potentially eligible student who is not currently receiving ACCES-VR 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)

Check which document of disability is included: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> SSA Award Letter <input type="checkbox"/> Other Diagnostic documentation Specify:	Currently enrolled in high school? <input type="checkbox"/> YES <input type="checkbox"/> NO Currently enrolled in post-secondary program? <input type="checkbox"/> YES <input type="checkbox"/> NO Referring organization (school, college, agency, or other):
Grade Level:	Expected Graduation/Exit Date:

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. AutismUp is committed to good privacy practices. As such, AutismUp 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 AutismUp. 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 AutismUp 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, AutismUp may obtain or release confidential personal information about me as follows:

- In collaboration with ACCES-VR vendors and Partners on my behalf
- To report progress to the school or agency who referred me to AutismUp
- When required by law and to facilitate the administration of the Rehabilitation Act
- To other states agencies, if applicable

AutismUp 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 No:
Parent or Legal Guardian E-Mail:	

Section III: Student Availability (Completed by Referral Agency or School) – Please note times available

Day	Mornings 9:00am - 12:00pm	Afternoons 12:00pm - 5:00pm	Evenings 5:00pm – 8:00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Section IV: Photo Release

I, the undersigned, expressly consent to the photograph or videotape of myself/my child (the Participant)’s participation in the program(s). These photos or videos may be edited, modified, and otherwise used, duplicated, published, and distributed by AutismUp in connection with the programs(s) and for other promotional or fundraising purposes, without remuneration of any kind.

I agree to give to give consent for photo release: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Participant Name:	
Signor’s relationship to participant: <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Self <input type="checkbox"/> Department of Social Services	
Signature:	Date:

Office Use Only:			
_____	Intake Phone Call Completed		
_____	Parent/Guardian	Approves Services	Denied Services
_____	Documentation reviewed		
_____	Information required sent to TAYS for Verification		
_____	Services Approved		
_____	Student information inputted into ERS System		

