

New Jersey Department of Labor & Workforce Development  
Division of Vocational Rehabilitation Services  
www.careerconnections.nj.gov  
PRE-EMPLOYMENT TRANSITION SERVICES STUDENT REFERRAL FORM

**Referral Information**

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_  
What do you prefer to be called? \_\_\_\_\_ Previous names (maiden name, etc.): \_\_\_\_\_

Who referred you to DVRS? \_\_\_\_\_

Home Address (house number and street address, apt., etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell Phone  Fax  TDD  Videophone Work  
Second Phone: \_\_\_\_\_  Home  Cell Phone  Fax  TDD  Videophone Work

Email Address: \_\_\_\_\_

**Emergency or Other Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone/TDD: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Does not wish to self-identify

**Please identify your race/ethnicity (check all that apply):**

American Indian or Alaskan Native  Asian  Black  Native Hawaiian or Other Pacific Islander  White  
 Does not wish to self-identify

Are you Hispanic or Latino?  Yes  No

Do you need assistance with communicating in English?  Yes  No

Please explain: \_\_\_\_\_

Do you need assistance with reading English?  Yes  No

Please explain: \_\_\_\_\_

**Education Information**

If you are currently in high school: What grade are you in? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What year did you begin high school? \_\_\_\_\_ What year will you graduate or exit school? \_\_\_\_\_

Are you receiving education services and support under a 504 Accommodation Plan?  Yes  No

If not, are you receiving education services under an Individualized Education Plan (IEP)?  Yes  No

If you are not currently in high school, what is the highest level of education you completed?

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Certificate of Completion                           | <input type="checkbox"/> Grade 6  | <input type="checkbox"/> Grade 11 |
| <input type="checkbox"/> High School Diploma or GED                          | <input type="checkbox"/> Grade 7  | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Post-Secondary Education (no degree or certificate) | <input type="checkbox"/> Grade 8  |                                   |
| <input type="checkbox"/> Vocational/Technical Certificate                    | <input type="checkbox"/> Grade 9  |                                   |
| <input type="checkbox"/> AA Degree   | <input type="checkbox"/> Grade 10 |                                   |

What is your primary disability? \_\_\_\_\_

Other Comments: (continue on reverse if needed) \_\_\_\_\_

**Pre-ETS Services Requested (Check all that apply)**

- Job Exploration Counseling
- Counseling on Post Secondary Educational Options
- WorkBased Learning Experiences (internships, apprenticeships)
- Workplace Readiness Training
- Instruction in Self Advocacy

## REQUEST FOR PRE-EMPLOYMENT TRANSITION SERVICES AND NOTIFICATION OF RIGHTS

I am requesting pre-employment transition services, and understand that pre-employment transition services are not traditional vocational rehabilitation services. I understand that participating in pre-employment transition services does not qualify an individual for vocational rehabilitation services as the eligibility criteria is different and applicants 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 understand that I may do so in my next to last year of school. I understand that if I choose to apply for vocational rehabilitation services prior to receiving pre-employment transition services that I may be delayed in receiving pre-employment transition services.

I understand that pre-employment transition services are limited services that DVRS can provide to a student with a disability, and that a student with a disability is an individual who:

1. Has a disability.
2. Is at least 14 years old and has not turned 22 years old.
3. Is currently attending or considered enrolled in an educational program (secondary education; non-traditional or alternative secondary education, including home schooling; post-secondary education programs approved by NJ Office of Secretary of Higher Education and other recognized educational programs limited to: those offered through the juvenile justice system, adult basic education programs i.e. GED or external diploma programs, and WTC career and technology training programs).
4. Has not graduated/completed/exited/ or withdrawn their educational program.

**I understand that pre-employment services are limited to the following services, as appropriate and available in my local area:**

1. Job exploration counseling.
2. Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment in the community to the maximum extent possible.
3. Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education.
4. Workplace readiness training to develop social skills and independent living.
5. Instruction in self-advocacy (including instruction in person-centered planning), which may include peer mentoring (including peer mentoring from individuals with disabilities working in competitive integrated employment).

Information that I have provided is to the best of my knowledge true, correct and complete. I understand that giving DVRS untrue and/or fraudulent information may result in services not being provided or continued. I have been given a copy of the Disability Rights NJ brochure from my assigned counselor.

**Before signing, please discuss with your DVRS counselor any information you do not understand.**

**Student Signature/Date:** \_\_\_\_\_

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

### **INFORMATION GATHERING**

- Refusal to provide requested documentation of disability will prevent you from receiving pre-employment transition services.
- The requested information is not available for public inspection, unless you give written permission.
- The requested information is routinely shared with other governmental agencies when information is needed for you to obtain benefits or services; for audit, evaluation or research purposes connected with the administration of the rehabilitation program as long as confidentiality is safeguarded; and to obtain payment for services which have been provided when covered by third party resources.
- DVRS requests the Social Security Number of applicants for services and uses it only for federal reporting purposes and, as applicable: (1) confirmation of Social Security benefits, and (2) financial transactions.