



*Required Fields

Student Information

*Name: _____ SS#: _____
*Date of Birth: _____ *Gender: _____ *Disability Documentation: _____
*Home address: _____
*City: _____ *Zip Code: _____ *County: _____
*Phone Number: _____ Email: _____
*Name of School: _____

Parent/Guardian Information (if applicable)

Name: _____
Home Phone, if different from student: _____ Cell: _____
Email: _____

***Person Making Referral**

Name: Deneen Bullard Relationship to student: none (Promises of Hope Foundation)
Email: pohfoundation1@gmail.com Phone: 786-712-8619

Accommodations for initial meeting with VR Staff:

Do you require an American Sign Language interpreter? Yes
Do you require an assistive listening device? Yes
Do you required translated documents? Yes
Do you require a foreign language interpreter? Yes
Do you require any other accommodation for your disability? Yes
If yes, please explain: _____

***Pre-Employment Transition Services Requested (Check all that apply)**

- Job Exploration Counseling (includes skills, abilities, aptitudes, interest assessments)
- Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)
- Self-Advocacy Training (A two-part course that teaches students how to speak up for themselves and make decisions about their own lives)
- Postsecondary Educational Counseling (provides an awareness of career pathway options with job and career information) * Service is not currently available
- Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)

Signature Page

Student Acknowledgement

I understand that through Vocational Rehabilitation, I will be offered limited Pre-Employment Transition Services that can help me explore, prepare for, and make informed career-based decisions. I understand that I must be an active participant in the services I choose to achieve my transition goals.

Signature of Student _____ Date

*Permission to Make Referral

By Signing this Pre-ETS Referral, I give *Promises of Hope Foundation* permission to submit this Pre-ETS Referral to VR. I understand I will be contacted by VR Staff to set up an initial meeting and acknowledge that my participation is required if the student is under 18 or if I am his/her Guardian.

Parent/Guardian/Age of Majority Student: _____
Signature Date

*Disability Documentation

In accordance with the requirements identified by the Workforce Innovation and Opportunity Act (WIOA), one of the following documents MUST be submitted with the Pre-ETS Referral. Please check off as attached:

- Current IEP Current 504 Plan
 Other documentation stating student is being served as a student with a disability

For Official VR Use Only (to be completed by VR Staff)

VR Youth Tech's Name: _____ Area: _____ Unit: _____

Date referral received from SDR: _____

Date entered into STAR: _____