

Upstate Caring Partners: BASE Program Intake and Release Form

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

Information and Consent

Upstate Caring Partners/ BASE Program, provides Pre-Employment Transition Services, as defined by the Workforce innovation and Opportunities act (WIOA), to students with disabilities who are potentially eligible for VR services. A Student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who –

- is not younger than 14 and is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or
- is an individual with a disability, for purposes of section 504 of the Rehabilitation ACT.

Upstate Caring Partners/BASE Program, in coordination with schools and other community partners, will make Pre-Employment Transition Services available to students with disabilities who do not have a case with ACCES-VR, making them potentially eligible for ACCES-VR Services, and have need for one or more of the 5 required Pre-ETS. The following information completed by the referral source, must be sent along with documentation of the student's disability

Section I: Student Background information (*indicates required field)

*Name (Last) _____ *Name (First) _____ MI _____ Suffix _____

*Gender: ☐ Male ☐ Female ☐ Does not wish to self-identify

*Birth Date (mm/dd/yyyy) _____ *Social Security Number: _____

*Home Address (house number and street address, apt., etc.): _____

City: _____ State: _____ Zip Code: _____ County: _____

*Phone: _____ Home _____ Cell Phone _____

Email Address: _____

*Race / ethnicity

☐ American Indian / Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Middle Eastern ☐ Latino ☐ Does not wish to self-identity

*Are you Hispanic or Latino? Yes ☐ No ☐

Section 2: Disability

*Is the student's disability (check all that apply)

- ☐ Deaf / Hard-of-hearing: Need for interpreter?
☐ Blind / Vision Impairment: Need for Reader?
☐ Developmental Disability?
☐ Other Disability: Specify: _____

*Check which documentation of disability is available:

- ☐ IEP
☐ 504 Plan
☐ SSA Award Letter
☐ Other documentation – psychological/educational evaluation; specify _____

Section 3: Education

*Currently enrolled in high school. Yes ☐ No ☐

*School Name _____

*Grade Level _____

*Expected Graduation / Exit Date _____

Section 4: Referral Contact Information

Referral Staff Name: _____
Referral Staff Position: _____
Referral Staff E-Mail: _____
Referral Staff Address: _____
Referral Staff Phone Number: _____

Section 5: Section of Pre-Employment Transition Services

There are 5 Pre-Employment Transition Services. The goal is for Pre-Employment Transition Services to prepare students to become engaged in their own transition and vocational planning as well as for successful long-term employment consistent with their individual strengths, abilities, interest and informed choice.

Check areas of interest

- ☐ Job Exploration Counseling – discuss career options and learn about in-demand jobs
- ☐ Work Based Learning Experiences – experience and gain knowledge about the workplace
- ☐ Counseling on Post-Secondary Opportunities – explore training options available after graduation
- ☐ Workplace Readiness Training – improve social and independent living skills
- ☐ Instruction in Self-Advocacy – learn skills needed for greater independence

Section 6: ACCESS VR

Are you currently receiving ACCES-VR Services? Yes ☐ No ☐

Section 7: PHOTO/VIDEO/AUDIO/INFORMATION USAGE GUIDELINES

Please select one of the following:

- ☐ Photo/Video/Audio/Information **CAN** be used for any agency purposes.
- ☐ Photo/Video/Audio/Information **CAN NOT** be used for any agency purposes.

Section 8: Consent and Signature of student and if applicable, legal guardian

I understand this is not an application for services from ACCES-VR or the Commission for the Blind. Upstate Caring Partners/BASE Program is committed to good privacy practices. As such, we are disclosing that in order to fully process your request for Pre-Employment Transition Services, Upstate Caring Partners/BASE Program requires access to personal information about you, which will be maintained by Upstate Caring Partners/ BASE Program. By signing this form, you are authorizing Upstate Caring Partners/ BASE Program access to any personal information necessary to process your request for Pre-Employment Transition Services, in order to provide these services to you. Please note that Upstate Caring Partners/ BASE Program will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

Upstate Caring Partners/ BASE Program does not discriminate against any applicant for services on the basis of race, color, religion, national origin / ancestry, disability, age, sexual orientation, gender or sex, veteran or military status, and / or genetic information or in any manner prohibited by law.

I acknowledge that in completing the request for Pre-Employment Transition Services, Upstate Caring Partners/ BASE Program may obtain or release confidential personal information about me to the following:

- Adult Continuing Career Education Services – Vocational Rehabilitation (ACCES-VR)
- To report my progress to the school/community partner and ACCES-VR
- When required by law and to facilitate the administration of the Rehabilitation Act.
- To other state agencies, if applicable.

*Signature of Individual (if under 18, parent or legal guardian must also sign below)

Signature: _____ Date: _____

Signature of Parent or Legal Guardian, if applicable

Signature: _____ Date: _____

Printed Name of Parent or Legal Guardian _____ Phone Number: _____

Parent or Legal Guardian E-Mail: _____

Address: _____