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| **Information and Consent**  Opportunities for Ohioans with Disabilities (OOD) provides **Pre-Employment Transition Services,** as defined by the Workforce Innovation and Opportunity Act (WIOA), to students with disabilities who are eligible or potentially eligible for VR services. A student with a disability is an individual who is enrolled in an educational program, is at least 14 years of age but not yet 22, and who is either eligible for special education and related services under IDEA or is an individual with a disability for the purposes of Section 504 of the Rehab Act.  OOD, in coordination with schools and other community partners, will make Pre-Employment Transition Services available to students with disabilities who have a need for one or more of these services. The following information completed by school personnel must be sent along with documentation of the student’s disability for any potentially eligible student who is not currently receiving VR services. | | | | | | | | | | | | | | | |
| **Section I: Student Background Information ( \* indicates required field)** | | | | | | | | | | | | | | | |
| **\*Name** (Last) | **\*Name** (First) | | | | | | | | **M.I.** | **Suffix (e.g. Jr.)** | | | **\*Social Security Number** | | |
| **\*Gender**  Male  Female | | **\*Birth Date** (mm/dd/yyyy) | | | | | | | **\*County of Residence** | | | | | | |
| **\*Home Address** (Street) | | | | | | | | **\*City** | | | | | | **\*State** | **\*Zip Code** |
| **\*Home Phone No. (10-digit).**  Voice  TTY  Video Phone | | | | | | | | **E-mail Address** | | | | | | | |
| **\*Race/Ethnicity**  American Indian/Alaska Native  Asian  Black/African-American  **\*Are you Hispanic/Latino?**  Yes  No  (Must also choose a “Race/Ethnicity”) | | | | Native Hawaiian/Other Pacific Islander  White | | | | | | | **U.S. Citizen?**  Yes  No  **If “No,” please list immigration status** | | | | |
| **\*Is the student’s disability (check all that apply)**  Deaf/Hard-of-Hearing; Need for Interpreter?  Yes  No  Blind/Vision Impairment; Need for Reader?  Yes  No  Developmental Disability; Eligible for County Board?  Yes  No  Other Disability; Specify: | | | | | | | | | | | | | | | |
| **Other Disability Related Information:** | | | | | | | | | | | | | | | |
| **\*Check which documentation of disability is included**  IEP  ETR  504 Plan  SSA Award letter  Other diagnostic documentation (e.g. C/OEDI, C/FED, audiogram, psychological evaluation, vision report, etc.)  Specify: | | | | | | **\*Currently enrolled in high school?  Yes  No**  **\*School Name**  **\*If applicable, Career Technical Programming** | | | | | | | | | |
| **\*Grade Level** | | | | | | **\*Expected Graduation/Exit Date** | | | | | | | | | |
| **Section II: School Contact Information (all fields required)** | | | | | | | | | | | | | | | |
| **School Staff Name** | | | | | | | | | | | | | | | |
| **School Staff E-mail** | | | | | | | **School Staff Phone No. (10-digit)** | | | | | | | | |
| **School Staff Position** | | | **School Staff Address** (Street, City, State, Zip) | | | | | | | | | | | | |
| **School Staff Signature** | | | | | | | | | | | | **Date** | | | |
| **Section III: Selection of Pre-Employment Transition Services and Providers (all fields required)** | | | | | | | | | | | | | | | |
| There are five (5) Pre-Employment Transition Services. These services are intended to assist students who have a need, with identifying career interests and to provide the ability to practice and improve workplace skills.  **For this document to be considered completed, this section must identify the Pre-Employment Transition Services and which Pre-Employment Transition Services provider is being requested. Refer to** <http://ood.ohio.gov/Transition-Students> **for information regarding current providers and the Pre-Employment Transition Services Fact Sheet.**  **For any service checked below, a provider must be identified.**  **Job Exploration Counseling** - discuss career options and learn about in-demand jobs  **Provider:** United Disability Services  **Work-Based Learning Experiences** - experience and gain knowledge about the workplace  **Provider:** United Disability Services  **Counseling on Post-Secondary Opportunities** - explore training options available after graduation  **Provider:** United Disability Services  **Workplace Readiness Training** - improve social and independent living skills  **Provider:** United Disability Services  **Instruction in Self-Advocacy** - learn skills needed for greater independence  **Provider:** United Disability Services | | | | | | | | | | | | | | | |
| **Section IV: Consent and Signature of student and, if applicable, legal guardian (all fields required)** | | | | | | | | | | | | | | | |
| I understand this is not an application for services from the Bureau of Vocational Rehabilitation (BVR) or for the Bureau of Services for the Visually Impaired (BSVI). The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your request for Pre-Employment Transition Services, Opportunities for Ohioans with Disabilities (OOD) requires access to personal information about you, which will be maintained by OOD. By signing this form, you are requesting that OOD access any personal information necessary to process your request for Pre-Employment Transition Services, in order to provide these services to you. Please note that OOD will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.  OOD does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), 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, OOD may obtain or release confidential personal information about me as follows:   * to purchase services for me; * in collaboration with OOD Contractors and Partners on my behalf; * to report my progress to the school or agency who referred me to OOD; * when required by law and to facilitate the administration of the Rehabilitation Act; * verify my current and/or future educational status and/or credentials; * to do research to improve the lives of people with disabilities; * to the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits; and * to other state agencies, if applicable. | | | | | | | | | | | | | | | |
| **\*Signature of Individual (If under 18, parent or legal guardian must also sign below)** | | | | | | | | | | | **Date** | | | | |
| **Signature of Parent or Legal Guardian, if applicable** | | | | | | | | | | | **Date** | | | | |
| **Printed Name of Parent or Legal Guardian, if applicable.** | | | | | **Phone No. (10-digit)**  Voice  TTY  Video Phone | | | | | | | | | | |
| **Parent or Legal Guardian E-mail** | | | | | **Address** (Street, City, State, Zip) | | | | | | | | | | |

**Please submit the Request for Pre-Employment Transition Services form along with documentation of the student’s disability identified above by fax 614-985-8435 or**

**by e-mail** [OOD.PreEmploymentRequestFax@ood.ohio.gov](mailto:OOD.PreEmploymentRequestFax@ood.ohio.gov)