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| **Texas Workforce Solutions logo** | | | Texas Workforce Commission  **Vocational Rehabilitation Services**  **Request to Receive Pre-Employment Transition Services** | | | | | | |
| **Required Elements Needed for Federal Reporting** | | | | | | | | | |
| *The confidentiality of all information requested on this form is protected by 34 CFR 361.38.* | | | | | | | | | |
| Student First Name: | | | Student Last Name: | | | | | | |
| Date of Birth: | | | SSN / Driver’s License or State ID # / or School ID #: | | | | | | |
| Race & Ethnicity (select all that apply):  American Indian or Alaska Native  Asian  Native Hawaiian or other Pacific Islander  Hispanic or Latino  Black or African American  White | | | | | | | | | |
| Start Date for Pre-ETS activity: | | | | | | | | | |
| Disability: | | | | | | | | | |
| Disability verified by documentation/observation?  Yes  No | | | | | | | | | |
| **Additional Student Information** | | | | | | | | | |
| Email Address: | | | | | Phone:  (   ) | | | | |
| Address: | | | | | | | | | |
| City: | | | | | | | State: | ZIP: | |
| Currently Enrolled in School:  Yes  No | Name of School: | | | | | | | | |
| Section 504 Plan:  Yes  No | Individualized Education Program:  Yes  No | | | | | | | | |
| **Parent/Representative Information** | | | | | | | | | |
| Parent/Representative First Name: | | | | Parent/Representative Last Name: | | | | | |
| Email Address: | | | | | Phone:  (   ) | | | | |
| Address: | | | | | | | | | |
| City: | | | | | | | State: | ZIP: | |
| Method of Contact (select one): Face to Face  Phone  Virtual | | | | | | | | | |
| Customer has Internet: Yes  No | | | | Customer has Computer/Laptop: Yes  No | | | | | |
| Customer is able to Video Conference: Yes  No | | | | | | | | | |
| By signing below:   * I am requesting Pre-Employment Transition Services from the Texas Workforce Solutions – Vocational Rehabilitation Services (TWC-VR). * I am a student with a disability, and I have provided appropriate documentation of my disability to TWC-VR. * I understand that in order to pursue additional services through TWC-VR I will need to complete an application and provide TWC-VR with more information needed to determine my eligibility for those additional services. * I have received a copy of the “Can We Talk?” brochure outlining the VR appeals procedures. | | | | | | | | | |
| **Signatures** | | | | | | | | | |
| Note: A parent or representative must sign if the student is a minor (under 18 years of age). | | | | | | | | | |
| Student Printed Name: | | | | | | | | | |
| Student Signature:  **X** | | | | | | Date: | | | |
| Parent/Representative Printed Name: | | | | | | | | | |
| Parent/Representative Signature:  **X** | | | | | | Date: | | | |