



Texas Workforce Commission
Vocational Rehabilitation Services
**Request to Receive Pre-Employment
Transition Services**

Instructions

The VR Counselor is responsible for completing the form and obtaining signatures.

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: ()
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Address:

City:	State:	ZIP:
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Currently Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:
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Section 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Individualized Education Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Documentation of Legal Status in the U.S.

All documents must be valid and not expired.

The student has provided the following:

- REAL ID (Must have a star in the top right corner to be considered a "REAL ID")
- U.S. Birth Certificate

- U.S. Passport
- Consular Report of Birth Abroad
- Form N-550, Certificate of Naturalization
- Form N-570, Certificate of Naturalization
- Form N-560, Certificate of Citizenship
- Form N-561, Certificate of Citizenship
- Form I-551, Permanent Resident Card (Green Card)
- Temporary I-551, Machine Readable Immigrant Visa
- Temporary I-55, Permanent Resident Stamp
- Another document listed on the [U.S. Citizenship and Immigration Services](http://www.uscis.gov) website.

Explain:

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 <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/>			
Customer has Internet: Yes <input type="checkbox"/> No <input type="checkbox"/>		Customer has Computer/Laptop: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Customer is able to Video Conference: Yes <input type="checkbox"/> No <input type="checkbox"/>			

By signing below:

- I am requesting Pre-Employment Transition Services as a potentially eligible customer 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.
- I am indicating that I am a student who is legally present in the United States (US).

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: