

Delaware Division of Vocational Rehabilitation
Pre-Employment Transition Services
Referral Form

Please note: This form must be completed and submitted electronically, no more than 30 days, no less than 10 days prior to the start of the program. This will allow DVR to verify the individual's eligibility to participate in Pre-ETS services.

DVR Contractors: Email this form to DOL_DVRPreEmployment@delaware.gov

School Staff: Submit this form directly to the Pre-ETS Provider.

| Service Provider | Start Date of Program | End Date of Program |
|------------------|-----------------------|---------------------|
| | | |

| Name: Last, First, Middle | | |
|---------------------------------------|--------------------------|---------------|
| | | |
| Social Security Number (if available) | School Student ID Number | Date of Birth |
| | | |

| Street Address | | Apt. Complex/Building Name/Apt. # | |
|----------------|-------|-----------------------------------|-------------|
| | | | |
| City | State | Zip Code | Telephone # |
| | | | |

| Race | |
|--------|---|
| Yes No | Must select at least one |
| | American Indian or Alaskan Native |
| | Asian |
| | Black/African American |
| | Native Hawaiian or other Pacific Islander |
| | White/Caucasian |

| Ethnicity | |
|-----------|--------------------|
| Yes No | |
| | Hispanic or Latino |
| Gender | |
| Yes No | |
| | Female |
| | Male |

| Primary Disability (attach documentation) | Cause of Disability (if known) |
|---|---------------------------------|
| | |

| Current School of Enrollment | If not listed, type name below. | Last Grade Completed |
|------------------------------|---------------------------------|----------------------|
| | | |

Service Provider Use Only

| Select the services being provided: (Check all that apply) | | | |
|--|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Job Exploration Counseling | <input type="checkbox"/> | Workplace Readiness Training |
| <input type="checkbox"/> | Work-Based Learning Experience | <input type="checkbox"/> | Instruction in Self-Advocacy |
| <input type="checkbox"/> | Counseling on Post-Secondary Education | <input type="checkbox"/> | Interpreter Services Required |