

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 (501000)	<input type="checkbox"/>	Workplace Readiness Training (504000)
<input type="checkbox"/>	Work-Based Learning Experience (502000)	<input type="checkbox"/>	Instruction in Self-Advocacy (505000)
<input type="checkbox"/>	Counseling on Post-Secondary Education (503000)	<input type="checkbox"/>	Interpreter Services Required