## Iowa Vocational Rehabilitation Services (IVRS) Pre-Employment Transition Services Agreement

Student Demographics							
Name:				Date of Birth:			
Address:							
City: Email Address:						Home	
Race						Home	
White	Yes	No	Native Hawaii	an/Other Pacific Islande	r Yes	No	
Black/African American	Yes	No	Asian		Yes	No	
			American Indi	ian/Alaska Native	Yes	No	
<u>Ethnicity</u>			Gender				
Latino/Hispanic	Yes	No	Female M	ale Nonbinary/Other	Does not wish to	disclose	
Parent/Guardian Contact Ir	nformatior	า					
				Relationship to student: Phone: Cell			
Email Address:			Phon				
				Relationship to student: Phone:			
			Phon			Home	
Qualification for Potentially	/ Eligible (f	PE)					
The student meets the follo	-		•	IVRS:			
Is at least 14 years old I			nd				
Has a disability docume	ented with	an:					
IEP, 504 Plan, or							
•	on that su	pports the s	tudent as having a di	sability; and Is enrolled i	n a recognized		
educational progra							
School Name or Descrip	otion (i.e.	Homeschool	ed):				
Anticipated High Schoo	l Graduati	on Date:	н	IS State ID:			
Description of Anticipated I	Pre-Emplo	yment Trans	sition Services (Pre-E1	TS)			
If the student meets the de				ble to participate in Pre-	-ETS. Anticipated P	re-ETS	
are indicated with an "X" ar	nd describ	ed (if applic	able) below:				
-	eling: (Exa	mples incluc	le: reviewing informa	tion on the labor market	t and career pathw	/ays,	
career speaker, etc.)				End	ato.		
				End D			
•	•	•	clude: develop interp	ersonal skills, financial lit	teracy training,		
understanding employer expectations, etc.) Comments:				_End Date:			
		•	-	nation for post-secondar es, college applications a			
etc.)			ability support service	is, conege applications a			
				End D	ate:		
Work-based Learning E	Experience	es: (Example	s include: information	lude: informational interviews, work-site tours, job shadows, etc.)			
Comments:				End D	ate:		
Instruction in Self-Advo	ocacy: (Ex	amples inclu	de: requesting accom	nmodations, requesting s	services/supports	needed,	
youth leadership activit							
Comments:				End D	ate:		
Signatures							
As long as the student qual				-		ement	
will be effective and new Ag	greement	s may be wri	itten, as additional se	rvices are requested and	d available.		
Student Acknowledgement				•	scribed in this Agre	ement.	
I understand that Pre-ETS w	vill be prov	vided contin	gent upon local availa	ability.			
Chudout Cignoture					Data		
Student Signature					Date		
Parent/Guardian Acknowle Agreement. I understand th	-	-		•	escribed in this		
Depent/Cuerdien Cimet					Data		
Parent/Guardian Signature					Date		
IVRS Representative Signate	ure			<u> </u>	Date		

## IOWA VOCATIONAL REHABILITATION SERVICES

We gather information under the authority of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701). Your provision of information is voluntary. A failure to supply needed information, however, may result in our inability to provide you Pre-Employment Transition services. Completion of the Pre-ETS Agreement outlines the agreed upon Pre-Employment Transition Services needed and is not considered an application for the vocational rehabilitation program. You have the right to have all your information kept confidential. Information will only be shared consistent with federal and state laws and regulations. Information may be shared by telephone, e-mail, fax, electronic data exchange and/or U.S. mail. A release of information is not required for IVRS to obtain information needed to comply with the performance accountability requirements of section 116 of WIOA or to share information with state/federal partners who share common standards of confidentiality.

You must discuss all purchases with your IVRS counselor and receive prior written approval before making any purchases associated with your IVRS program.

You have the right to appeal or request mediation to your counselor any time you have problems with a decision or service up to and including case closure. If you are still not satisfied, you may choose to discuss the matter with your counselor's supervisor, where disagreements are often quickly resolved, or you may go directly to mediation or a hearing before an impartial hearing officer. If you choose to discuss the situation with the supervisor and are still not satisfied, you may ask for mediation or a hearing after that. Your request to appeal the decision or request for mediation must be filed within 90 days of the decision. A request for hearing is made to the Administrator of IVRS, 1000 E. Grand Ave., Des Moines, Iowa 50319.

The Client Assistance Program (CAP) is available to help you in your relationship with IVRS. Write to CAP, Iowa Department of Health and Human Services, Lucas State Office Building, Des Moines, Iowa 50319; or call (toll free) 1-800-652-4298 (Voice/TTY), or in the Des Moines area, 242-5655 (Voice/TTY).

IVRS services are provided in compliance with all applicable state and federal civil rights laws. You must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If you believe you have been discriminated against based on one of these reasons, you may contact the IVRS Staff Attorney, Iowa Vocational Rehabilitation Services, 1000 E. Grand Ave., Des Moines, Iowa, 50319, (515) 805-5746 (voice), or toll-free (800) 532-1486.