



COLORADO

Department of
Labor and Employment

Division of Vocational Rehabilitation

Referral for Pre-Employment Transition Services

Dear Student and/or Family Member,

Through a collaborative partnership between school districts, post-secondary education programs, and the Colorado Division of Vocational Rehabilitation (DVR), students have the opportunity to take advantage of pre-employment services that will support awareness, exploration, and preparation about the world of work.

These services will be arranged throughout the year and students will be notified in advance about workshops, events and activities designed to help support the development of essential skills being learned. Services may be offered both in and out of the school, but will not conflict with academics.

Services to be offered may include:

- Job exploration counseling;
- Work-based learning experiences, which may include in-school, after school or community-based opportunities;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs;
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, including peer mentoring

These services can provide a strong foundation for a career pathway and when a student's focus shifts to post-secondary planning he or she will be ready to take the next step, which may include applying to DVR for assistance achieving competitive integrated employment.

In order to participate in pre-employment transition services, DVR requires some basic demographic information and a release of information, which will allow education partners and DVR to coordinate these services.

Please complete pages 2-4 and return to your designated education partner or DVR Counselor:

Designated Education Partner	Phone Number	Email Address

If you have any questions, please contact DVR at:

DVR Counselor	Phone Number	Email Address
Simone Mortenson	303-845-0373	simone.mortenson@state.co.us



Referral & Demographic Information

Last Name		First Name		M.I.
SSN		Birthdate	Gender	
			M <input type="checkbox"/> F <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/>	
Home Address		City	State	Zip Code
			CO	
Mailing Address (if different from home address)		City	State	Zip Code
			CO	
Phone Number		Email Address		
Race and Ethnicity				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or Arab			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
Current Grade Level	Anticipated Exit Date	Student's Disability		

Parent/Guardian Name		Relationship		
Mailing Address (if different from Student's)		City	State	Zip
Phone Number		Email Address		

Confidentiality

DVR needs documentation of your disability and other personal information in order to provide pre-employment transition services. DVR is allowed to ask for this information under the Rehabilitation Act of 1973, as amended. Without this information, DVR will not be able to provide pre-employment transition services to you. All of this information will be kept private and will be used only to support your pre-employment transition services. DVR will share your information when a court orders us to release it, when there is a law enforcement investigation, and when it is requested by the Social Security Administration. Information may also be shared to protect you or other people if it is determined that you pose a threat to your own safety or the safety of others. Otherwise, DVR will not share your disability or personal information with any other person or organization without your permission. DVR will keep these records and information for five years after your involvement with DVR ends and then destroy it.



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Rights

- You have the right to be treated by DVR staff and other persons involved in your services with respect and courtesy, free of violent behavior, threats of violent behavior, or other forms of harassment.
- DVR will not discriminate against you because of your race, ethnicity, national origin, and religion, type of disability, sex (including gender identity, sexual orientation and pregnancy), age, or length of time you have lived in Colorado.
- You have the right to receive effective communication from DVR about your services, including timely and appropriate auxiliary aids and services. If you believe DVR has not provided effective communication, you may file a complaint as outlined on DVR's Appeal Rights.
- You have the right to make informed choices about pre-employment transition services supported by Vocational Rehabilitation. Your DVR counselor can help you make choices, if needed.
- You have the right to ask for information, including any forms provided by DVR, in a format that you can easily use, including alternate formats.
- You have the right to look at most of the information in your case record when you ask for it in writing.
- At any time during your involvement with DVR, you may ask other people to advocate for you and help you in discussions or appeals with your DVR counselor.
- If you are not satisfied with any decisions made by DVR, you may appeal as described on DVR's Appeal Rights.

Appeal Rights

If you are dissatisfied with any decision made by DVR or if you believe your rights have been violated, you have the right to request an informal review and/or initiate a formal appeal. To request an informal review to resolve your concerns, contact your DVR office supervisor. To initiate a formal appeal, you must send a written request to the Colorado Department of Personnel and Administration, Office of Administrative Courts, 1525 Sherman Street, 4th Floor, Denver, CO 80203, within ninety (90) days of the decision or action being disputed. Your request must identify the decision or action you are disputing, why you are disputing it and what solution you would like to occur. You may also request mediation as part of your request for a formal appeal. For more detailed information about your appeal rights, including the names and addresses of contact individuals, or if you need help in preparing a written request, your DVR office will provide assistance to you.

Client Assistance Program

The Client Assistance Program (CAP) is a resource to help you and DVR resolve problems you may have with DVR or other agencies and to prepare an informal dispute resolution and/or a formal appeal. The Client Assistance Program may be contacted at:

Disability Law Colorado
455 Sherman Street, Suite 130
Denver, Colorado 80203
Denver Telephone: 303-722-0300
Toll Free Telephone: 1-800-288-1376
(TTY available for Hearing Impaired)
Email: dlcmail@disabilitylawco.org
www.disabilitylawco.org

**Release of Information
Authorization for Disclosure to/from the Division of Vocational Rehabilitation (DVR)**

NAME: (Last, First, MI)	SOCIAL SECURITY NUMBER	BIRTHDATE
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I authorize the disclosure of my protected information, as follows:

Disclosure of information from: Adams 12 Five Star Schools/SWAP 1500 E. 128 th Ave Thornton, CO 80241 Phone: 720-972-4000 Fax:	Disclosure of information to: Colorado Division of Vocational Rehabilitation 11990 Grant St #201 Northglenn, CO 80233 Phone: 303-866-2110 Fax:
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The type and amount of information to be disclosed:

<input type="checkbox"/> Medical records including diagnoses, prognoses, treatment plans, medical recommendations, current general health status, and employment limitations imposed by disability. Limited to medical records from _____ to _____. <input type="checkbox"/> General Physical Exam <input type="checkbox"/> Visual Report <input type="checkbox"/> Audiological Evaluation <input type="checkbox"/> HIV/AIDS Information <input type="checkbox"/> Psychiatric/Psychological testing/reports: including DSM IV-R diagnosis & functional limitations to employment. <input type="checkbox"/> Drug/alcohol treatment records <input checked="" type="checkbox"/> Electronic Information Exchange: I authorize use of e-mail and/or other electronic devices by DVR for exchange of information with me. I understand that there are no security features in place to assure confidentiality.	<input checked="" type="checkbox"/> Vocational information, including vocational evaluations, recommendations, employment barriers, plans, and progress reports. <input type="checkbox"/> Pre-sentence investigation report (PSIR) <input checked="" type="checkbox"/> Academic testing/Transcripts <input checked="" type="checkbox"/> Educational Records (IEP/504/EDR/Triennial) <input type="checkbox"/> Financial Aid Award Letter <input checked="" type="checkbox"/> Accommodation/Employment Needs <input type="checkbox"/> Service Record Information from ___ to ____ <input checked="" type="checkbox"/> Permission to exchange information (verbal/written) <input checked="" type="checkbox"/> Third Party E-Mail/Electronic Communication <input type="checkbox"/> Other Information:
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The information identified above is necessary for: Determination of eligibility and planning for rehabilitation services.

Date upon which this authorization will expire: case closure or _____

Authorization for Disclosure: (A photocopy or fax of this release is as effective as the original):

- I understand the information released by this authorization may include personally identifying information concerning physical and mental disabilities, alcohol/drug abuse, HIV/AIDS, medical history, criminal history, and educational/vocational records.
- I understand that this authorization for disclosure is voluntary and that I can refuse to sign this authorization. I understand that DVR cannot condition eligibility for or the provision of services on the signing of this authorization, except as otherwise permitted by law.
- Parties to whom DVR provides information are prohibited under federal regulations (34 CFR 361) from further releasing the information without my express written consent. However, I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the party receiving it. I also understand the specific rules governing DVR's re-disclosure of information obtained under this release, which are identified in DVR's Rights and Responsibilities document signed by me on _____
- I understand this authorization remains in effect until the above stated date. I understand that I may revoke this authorization by written notification to DVR at any time except to the extent that action has already been taken based on this authorization. I understand that revocation will not apply to information released prior to the revocation.

By my signature, I certify that I have received a copy of this release form.

Signature of Individual	Date
Signature of Parent, Guardian, or Authorized Representative	Relationship Date

NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING DVR RECORDS

This information is being disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (34-CFR Part 361) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of information is NOT sufficient for this purpose.