

**POTENTIALLY VR ELIGIBLE/PRE-EMPLOYMENT  
TRANSITION SERVICES (Pre-ETS)  
REFERRAL FOR BSBP SERVICES**

Michigan Department of Labor and Economic Opportunity  
Bureau of Services for Blind Persons (BSBP)

FOR BSBP USE ONLY

Referral Received

Potentially Eligible  
Pre-ETS

**TO BE COMPLETED BY REFERRING EDUCATIONAL AGENCY**

Educational Agency Name	Telephone Number
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The student named below meets the following requirements for the provision of Pre-ETS:

1. Is between 14 and 26 years of age.
2. Is attending a secondary, alternative, GED prep, post-secondary or vocational education program.
3. Is receiving special education services, **or** is an individual with a disability for purposes of 504 eligibility.

Last Name:	First Name:	Middle Name:
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Name you want to be called:	Former Last Name (if applicable):	Social Security Number:
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Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to self-identify
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Mailing Address:

City:	State:	Zip Code:
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County:	Email Address:
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Primary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Voice     TTY     Fax     Cell     Video Phone

Secondary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Voice     TTY     Fax     Cell     Video Phone

What is student race/ethnicity (check all that apply)

White     Black or African American     Hispanic or Latino     Arab     Asian  
 Hmong     American Indian or Alaskan Native     Native Hawaiian or Other Pacific Islander

Does student consider themselves to be multi-racial?  
 Yes     No

Has student been a customer of BSBP in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Office?
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Has student received Pre-Employment Transition Services (Pre-ETS) from BSBP in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Office?
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**Student Needs**

What language does student use most of the time?

English     Spanish     Arabic     American Sign Language  
 Other – Explain:

What language does student use for printed documents?

English     Spanish     Arabic     Other Explain:

Does student need an interpreter, large print, braille or other type of help to work with BSBP?  
 Yes     No    Explain:

Characteristics		
Do you have a: <ul style="list-style-type: none"> <li>• Legal Guardian</li> <li>• Michigan Driver's License</li> <li>• State of Michigan ID</li> <li>• Work Permit</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Copy of guardianship documents is required.</b>  Type of Permit:
The student would like to learn more about the following Pre-ETS: <ul style="list-style-type: none"> <li><input type="checkbox"/> Job exploration counseling</li> <li><input type="checkbox"/> Work-based learning experiences</li> <li><input type="checkbox"/> Workplace readiness training to develop social skills and independent living</li> <li><input type="checkbox"/> Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring</li> <li><input type="checkbox"/> Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs</li> </ul>		
Verification of a disability (documentation may be needed and requested for the provision of services): <ul style="list-style-type: none"> <li><input type="checkbox"/> Is a student receiving special education under an IEP</li> <li><input type="checkbox"/> Is a student with a 504 Plan</li> <li><input type="checkbox"/> Is a student with a disability without a 504 Plan or IEP</li> </ul>		
Primary Disability: Secondary Disabilities:		
Enrolled at:		
Education Program: Secondary          Alternative          GED Prep          Post-Secondary          Vocational Ed		
Grade Level:		Expected Graduation/Exit Date:
As a representative of the referring educational agency identified above, I certify the following: <ol style="list-style-type: none"> <li>1. All the information and statements provided in Section 1 are true and correct to the best of my knowledge.</li> <li>2. The existence and availability of documentation supporting items checked in the verification of disability section.</li> </ol>		
Education Representative Name (Print)	Signature	Date

Customer Name \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT AND PARENT OR LEGAL GUARDIAN (IF APPLICABLE)**

**The signatures below confirm the following:**

1. Permission and/or intent to participate in Pre-ETS as noted in Section I of this form.
2. The reciprocal release of information between the educational agency identified in Section I on this form and Bureau of Services for Blind Persons (BSBP).

Specific information to be released: All documents, materials, or other information required for the participation in, provision of, or resulting from Pre-ETS.

I give my permission for the information listed above regarding the student identified in Section I of this form to be released as indicated. I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand the Administrative Simplification provisions in Subtitle F of Title II under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and in 45 CFR Parts 160 and 162 do not apply to State Vocational Rehabilitation Agencies. I also understand that other laws may prohibit re-disclosure without consent of the student, parent(s), or legal guardian. I understand that I may revoke the consent provided in this form at any time, by providing BSBP with a signed and dated written notice. The consent shall remain valid for so long as the student is a recipient of BSBP Pre-ETS.

Student Name (Print)	Student Signature	Date
Parent or Legal Guardian Name (Print)	Parent or Legal Guardian Signature	Date

Please fax this form to your local BSBP office. Find office locations at [www.michigan.gov/bsbp](http://www.michigan.gov/bsbp)