**MRC Pre-Employment Transition Services Referral and Consent Form**

1. **Demographics**

**Student Name:**

**SSN** (if required)**:** **Primary Language:**

**D.O.B.:**  **Gender:** [ ] Male [ ] Female [ ] Prefer not to answer

**Race** (mark all that apply)**:** [x] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] White

**Ethnicity:** [ ] Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

**Address**:

**Phone:** **Email**:

**Disability Documentation Type:** [ ]  IEP [ ] 504 Plan [ ] Medical Documentation [ ] Other

**Disability Diagnosis:**

**Functional Limitations:**

**Medications:**

**Allergies:**

1. **Family/Emergency Contact**
2. **Name**: **Relationship:**

**Mailing Address**:

**Phone Number**: **Email:**

1. **School Information**

**School Name:**

**Grade:**  **Expected Exit Date:**

**School Contact Name:**  **Relationship:**

**Contact Phone**:  **Contact Email:**

1. **Services Requested**

[ ] Job Exploration Counseling [ ] Work Readiness Training [ ] Work-based Learning Experience

[ ] Instruction in Self-Advocacy/Peer Mentoring [ ] Counseling for Enrollment in Post-secondary Education Program

1. **Consent for Service**

I am requesting Pre-Employment Transition Services based upon the criteria that I am a student with a disability. I understand I will need to meet with a Pre-ETS Provider and develop a service plan that will be approved by MRC before I start receiving services. I understand that, as a recipient of services from MRC, I have the right to seek advocacy services from the Client Assistance Program (CAP) at 1-800-478-1234 or <http://www.dlc-ma.org/>.

For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for the service provider to exchange information with the schools, authorized personnel, and MRC to verify services were provided to me.

Student Signature: Date:

\*\* if student is under 18 or has a legal guardian, their signature is required\*\*

Parent/Guardian: / Date:

Print Signature