

New York State Department of Education ~ ACCES/VR
Adult Career & Continuing Education Services/Vocational Rehabilitation
Mid-Hudson District Secondary School Referral Checklist

SCHOOL CONTACT INFORMATION
(This form to be completed by school liaison)

School District Name: _____

BOCES Programs (if attending): _____

REQUIRED: School Contact Name/Title: _____

Phone Number(s): _____ Email Address: _____

STUDENT DEMOGRAPHIC INFORMATION

STUDENT'S NAME: Last: _____ First: _____

Student Phone Number(s) Home: _____ Cell: _____

Email Address: _____

Parent/Guardian Phone Number(s) Home: _____ Cell: _____

Email Address: _____

PROJECTED GRADUATION

Date (Must be included): _____ Grade Recently Completed: _____

Type of Diploma Expected (CIRCLE): GED, Advanced Regents, Regents, Local, CDOS, SACC

REFERRAL PACKET MATERIALS - REQUIRED (These items MUST be included)

_____ ACCES/VR Application for VR Services, signed/dated by student & parent/guardian if under the age of 18 years.

_____ Information Release Authorization, signed/dated by student & parent/guardian if student is under the age of 18 years.

_____ Documentation of Disability and Functional Limitations (Psychological, Psychiatric, or Medical Diagnosis and Reports)

_____ Current IEP, including CSE Classification, and Transition Plan with specific vocational recommendations.

_____ Current "504" Plan (If applicable) with supportive medical documentation.

_____ Most recent report card.



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF ADULT CAREER AND CONTINUING EDUCATION SERVICES

Vocational Rehabilitation

MID HUDSON DISTRICT OFFICE, Manchester Mill Centre, 301 Manchester Road, Suite 200, Poughkeepsie, New York 12603

Tel. 845-452-5425

Fax 845-452-5336

Video Phone 845-345-8422

2016/2017 School Year

Dear Student Applicant:

This letter is to notify you that you might be eligible for Vocational Rehabilitation Services.

ACCES-VR is a voluntary program that offers many kinds of vocational services that include: counseling and guidance, testing evaluation for accommodations and rehabilitation technology, job placement assistance, funding for training at BOCES, trade schools or colleges, on-the-job training, and many other services not mentioned here.

ACCES-VR is an office within the State Education Department, which assists students with disabilities to identify career goals and secure and maintain employment once they leave high school.

Your Vocational Counselor liaison will work closely with you and school personnel such as *resource room teachers, transition specialists, special education teachers, guidance counselors, and school psychologists* to make sure your strengths and needs are understood.

You are encouraged to **complete the application packet provided to you, and return it to your school**, which will then complete the transition referral to ACCES-VR. Please note that a parent/guardian must co-sign the Application for Services and Information Release Authorizations if you are under the age of 18.

Once the Application, Releases, and medical documentation are received by our office, your Vocational Counselor will arrange a meeting to further get to know you. With your consent, your parent or guardian is also welcome to attend. If you are found eligible for services, your Vocational Counselor will work with you to develop an employment goal and assist you to achieve that goal.

Your ACCES-VR Vocational Counselor looks forward to working with you!

Please return the completed form to:

ACCES/VR
 NYS Education Dept.
 301 Manchester Rd. Suite 200
 Poughkeepsie, NY 12603

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of Adult Career and Continuing
 Education Services-Vocational Rehabilitation
 (ACCES-VR)

Application for VR Services

VR-04 (7/14)

Please print or type all entries

NAME <i>Last</i> <i>First</i> <i>Middle Initial</i>			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
If you have been known by another name, enter here: <i>Last</i> <i>First</i> <i>Middle Initial</i>			
HOME ADDRESS <i>Street</i>		<i>Apartment Number</i>	
<i>City</i>	<i>State</i>	<i>Zip + 4 Code</i>	<i>County</i>
			SOCIAL SECURITY NUMBER □□□-□□-□□□□
If your MAILING ADDRESS is different than your home address, please complete the mailing address information below.			
MAILING ADDRESS <i>Street</i>		<i>Apartment Number</i>	
<i>City</i>	<i>State</i>	<i>Zip + 4 Code</i>	<i>County</i>
PHONE NUMBER(S) where we can reach you or leave a message: <i>Area code</i> <i>Area code</i> 1. () - 2. () - Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>		Best time to call 1. 2.	DATE OF BIRTH Month Day Year □□-□□-□□
Email: _____			
Race/Ethnicity-Choose ALL that apply. If left blank ACCES will complete. If Hispanic or Latino is checked, please check additional box.		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (includes Indian Subcontinent) <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
What is your disability?		Who referred you to us?	MARITAL STATUS: (Circle Response) (1) Married; (2) Widowed; (3) Divorced (4) Separated (5) Never Married
I hereby apply for rehabilitation services: Date _____		Signature of applicant, parent, or legal guardian.	
X (Sign here.)			

••• Please answer the questions below and on the back of this form. •••

You do not have to answer these questions now, but your answers will help ACCES-VR process your application.

Have you ever received services from ACCES-VR or its former name, the Office of Vocational and Educational Services for Individuals with Disabilities (VESID)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now receiving services from one or more agencies?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, indicate agency name(s), address(es) and contact person(s):
(1)
(2)
Describe how your disability limits your ability to work.

What services are you seeking from ACCES-VR?

Are you disabled because of a work-related injury? Yes No

Are you a veteran? Yes No

Do you use any assistive devices or aids? Yes No

Are you a citizen of the United States? Yes No

Do you have a NYS driver's license? Yes No

If no, are you legally permitted to work in this country? Yes No

Do you have a driver's license from a state other than New York? Yes No

Check the benefits you now receive?

Do you have access to a motor vehicle? Yes No

SSI SSDI Workers Compensation

Do you use public transportation? Yes No

Other, specify _____

Are you able to leave your home? Yes No

Do you regularly see a doctor or clinic about your disability? Yes No, If yes, indicate date of last visit: _____

Please provide the name and address of doctor(s) and clinic(s):

(1) (2)

Circle the highest grade you have successfully completed, and check the applicable box(es)

1 2 3 4 5 6 8 9 10 11 12 GED or High School Equivalency Diploma Yes No 13 14 15 16 College 17 Graduate School 20 Doctorate

Special Education Yes No Do you now attend high school? Yes No Indicate college degree(s) earned: _____

Name and address of school you last attended: *Name of School* *Address*

List below other people in your household

Full Name	Age	Their Relationship to You

List below the people ACCES-VR can contact if we are unable to reach you using the information on page 1.

Name	Address	Phone

List below your work history (include attachments for additional jobs, if necessary)

Employer Name and Address	Dates Employed From - To	Weekly Earnings	Job Title and Duties, and Reason for Leaving

Persons applying for or receiving rehabilitation services have the right to have any actions or decisions of this Office reviewed. A description of the review process and form can be obtained from any ACCES-VR District Office.

All information will be kept confidential and is subject to verification.

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, pregnancy, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its recruitment, educational programs, services, and activities. Portions of any publication designed for distribution can be made available in a variety of formats, including Braille, large print or audiotape, upon request. Inquiries regarding this policy of nondiscrimination should be directed to the Office of Human Resources Management, Room 528 EB, Education Building, Albany, NY 12234. Requests for publications should be made to the Department's Publications Sales Desk, Room 309, Education Building, Albany, NY 12234.

ACCES-VR High School Applicant Supplemental Data

Name: _____

Date of Birth: _____

Referral Information

to be completed by person making referral

Referral must include
one of the following:

Current IEP and
psychological report

Current 504 Plan and
supporting documents

Current Physician Report with
diagnosis

CSE Classification, 504 or Medical Diagnosis: _____

Grade Most Recently Completed: _____ Expected Year of School Completion: _____

Type of Degree/Certificate Anticipated: Regents Local CDOS Skills & Achievement

Name of person making referral: _____ Title: _____

Email Contact: _____ Phone Number: _____

School District Student Resides In: _____

Complete Section Below: OPTIONAL
Can Choose To Complete With ACCES-VR Counselor At First Meeting

Health, Residence & Work Questionnaire: To Be Completed By Student And Parent/Guardian

Do you have or have you ever had any of the following conditions?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Ulcers/Colitis | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Orthopedic Limitations | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Allergies/Asthma | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> HIV Related Disease | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Skin Disease/Rash |
| <input type="checkbox"/> Respiratory/Lung Disorder | <input type="checkbox"/> Other: _____ | | |

If you checked any of the above, please describe how it might affect vocational training or your ability to work:

Living Arrangements at Application:

- Private Residence Community Residence Mental Health Facility Correctional Facility
 Halfway House Homeless Substance Abuse Treatment Facility Other

Work Status at Application:

- Employed with a job coach Employed on my own Not presently employed

Medical Insurance at Application:

- Medicaid Medicare Other Private Private Through Employment Workers Compensation None

Can you work full time upon school completion? Yes No

If you answered "No", how many hours a day do you feel you can work? _____

Information Release Authorization

VR--21 (3/12)

Name: _____
Print full name

Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) has my permission to release or obtain information from agencies [including the Client Assistance program (CAP)], individuals, or employers as are concerned with my vocational rehabilitation. This information may include reports about my physical or mental condition, official school records, facts necessary to determine my financial need, or other information that ACCES-VR needs to determine my eligibility and to provide vocational rehabilitation services.

I understand that:

- All such information will be treated as confidential and privileged;
- The information will be used only for the purpose of obtaining services offered through ACCES-VR;
- I can withdraw my permission to release or obtain information by writing to ACCES-VR (this will not affect actions already taken with my permission); and
- ACCES-VR may need to use the information to administer the vocational rehabilitation program

Signature

Date

Parent/Guardian Signature (If Under 18 Years of Age)

Date

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its educational programs, services, and activities. Inquiries concerning this policy of nondiscrimination should be referred to the Department's Office for Diversity, Ethics, and Access, Room 530, Education Building, Albany, NY 12234-0001.

YOUR RESPONSIBILITIES

- Keep all appointments with my ACCES-VR counselor
- Let my counselor know if I change my address or phone number or email
- Follow medical and treatment recommendations
- Send my counselor my grades or progress reports
- Let my counselor know if I have any problems that will interfere with my plan
- Contact my counselor when I get a job!

Fill in this information at your first meeting with your VR counselor.
My counselor (VRC) is _____

Phone _____
Email address _____
Counselor's assistant (VRCA) is _____
Phone _____
Email address _____

THE ACCES-VR PROCESS

- Student makes an informed choice to apply for ACCES-VR
- Student completes application packet
- Counselor determines eligibility
- Counselor and student choose an appropriate employment goal
- Counselor and student develop an Individualized Plan for Employment (IPE)
- Student acquires skills and supports
- Student gets and keeps a job
- Counselor closes case as a **SUCCESS!**

KEEPING IN TOUCH WITH ACCES-VR

- **By Telephone to your VRC or VRCA**
Listen to the message - it is often customized to let the caller know the person's schedule and activities
Leave a clear message - your name, your phone number, what you are calling about, and times to call you back
- **By Mail** - note the counselor's name on the envelope
- **By email** - sometimes the quickest
- **By Appointment** - be responsible - arrive on time - call ahead to cancel if you can't make it

PLEASE SHARE SOME INFORMATION WITH US ABOUT YOU

I expect to graduate in _____ Month/year
The job/career I am interested in is: _____

To prepare for this, I have already (taken classes, volunteered, had a job): _____

When I leave school I am interested in: _____ finding a job right away
_____ job training
_____ college or business school

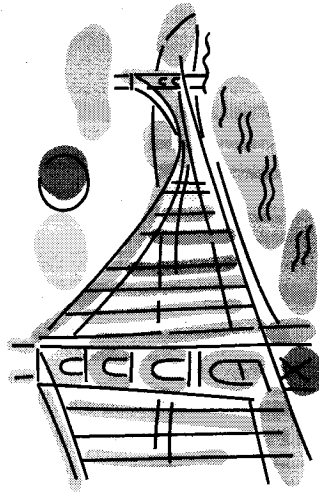
****BRING THIS TO YOUR 1ST MEETING
WITH YOUR ACCES-VR COUNSELOR****

ACCES VR

ADULT CAREER AND CONTINUING EDUCATION SERVICES - VOCATIONAL REHABILITATION

USER-FRIENDLY GUIDE TO TRANSITION SERVICES FOR HIGH SCHOOL STUDENTS AND THEIR PARENTS AND TEACHERS

a bridge to your future



The University of the State of New York
The State Education Department



Adult Career and Continuing Education Services
Vocational Rehabilitation
Albany, New York 12234

<http://www.acces.nysed.gov/vr>
1 800 222-JOBS (5627)

APPLYING FOR ACCES-VR SERVICES

IEP/CSE planning or other school discussions prior to junior year should include the consideration of a referral to ACCES-VR so that you can make an informed choice about applying. You don't need to have an IEP to apply!

Transition staff at your school will help you decide when you should apply, help you complete forms, send forms home for your parent or guardian to complete/sign, and send the entire packet to ACCES-VR once it's complete.

ACCES-VR is Voluntary. You choose if you want to apply for services or not.

ELIGIBILITY FOR ACCES-VR SERVICES

There are four things student and counselor must establish to determine eligibility for ACCES-VR services.

- That the student has a *disability*
- That the disability creates an *impediment* to employment
- That the student can *benefit* from rehabilitation services
- That *vocational rehabilitation services are required* to achieve employment

Having an IEP or a 504 plan does not guarantee eligibility for ACCES-VR. All of the above criteria must be met.

Timelines:

- When you are determined eligible or ineligible you will get a letter.
- If you are eligible, services will not begin until you have met with your counselor and developed a plan.

MEETING WITH YOUR ACCES-VR COUNSELOR

While you are still attending high school:

- You may meet at your school.
- Your parent or guardian will be invited
- A transition staff person at the high school will help schedule these meetings.

At the first meeting:

- Your ACCES-VR counselor will talk with you about your plans when you leave high school.
- You will talk about your ideas about a job goal and the services you will need to become employed.

Once you leave high school:

- Meetings will be at our district office or in a community location.
- You will schedule these meetings directly with your ACCES-VR counselor.

DEVELOPMENT OF THE EMPLOYMENT GOAL

Everything ACCES-VR does is directed toward helping you to reach an employment goal.

You will meet with your ACCES-VR counselor as often as you need, to:

- Choose a realistic and achievable goal.
- Decide how you will gain the skills you will need to do the job.
- Decide what help you need to find a job.
- Figure out what supports you need to keep a job and who will be able to provide them.

SERVICES TO HELP YOU GET A JOB

All services are directed toward helping you to reach an employment goal and are based on your individual needs.

ACCES-VR is NOT a financial aid program.

- But some services ARE based on your family income (*) - see below
- You may need to provide your family tax return and records of expenses annually.

Examples of types of services include:

- Vocational counseling
- Assessment for career planning
- Assessment for assistive technology needs
- Purchase of assistive technology (*)
- Funding toward the cost of education or training after high school (*)
- Assistance with some transportation costs (*)
- Funding for academic support services (note takers, tutors)
- Job readiness and job placement services to help you get and keep a job (may include job coaching)

