



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

LIFE. YOUR WAY.

Greetings,

Thank you for your recent inquiry about receiving services from the Department on Disability Services / Rehabilitation Services Administration (DDS/RSA). DDS/RSA provides youth transition services, including Pre-Employment Transition Services (Pre-ETS), and Vocational Rehabilitation Services (VR), for DC students with disabilities, ages 14-22. Enclosed is the:

- **Pre-Employment Transition Services (Pre-ETS) Consent Form** (page 2), and
- **Vocational Rehabilitation (VR) Referral Form** (pages 3-5).

Please complete the attached Pre-ETS Consent Form. If you also wish to apply for VR Services, please continue to page 3 and complete the VR Referral Form. A completed VR Referral Form will express your interest in pursuing VR services with DDS/RSA. If you need assistance, please contact **Beverly Cummings** or **Tania Benton** at **202-442-8675** / RSA.Transition@dc.gov.

In addition to the VR Referral Form, DDS/RSA will request copies of the following documents for all individuals who want to apply for VR services:

- **Psychological Evaluation** (Must be completed within last 3 years)
- **Proof of School Enrollment** (Official School Transcript, Report Card)
- **Government Issued Photo ID** (DC One Card, Driver's License, State ID card)
- **Social Security Card**
- **Supporting Documentation:** School Records (IEP/504 Plan), Medical Records, or Social History report that demonstrates the presence of a medically diagnosed disability

If you need assistance collecting any of the required school records or supporting documentation, please contact your Local Education Agency or Special Education Coordinator at your school. Completed Pre-ETS Consent Forms and/or VR Referrals Forms should be scanned/emailed to RSA.Transition@dc.gov. **Do Not** send any documents in the mail. Copies of original documentation can be brought to your initial Intake Interview at your school. Intake is scheduled upon receipt and review of completed VR Referral Form.

This agency is proud, ready, and willing to assist you in reaching your employment goals. Thank you for your interest in the Department on Disability Services.

Sincerely,

Angela M. Spinella (signed electronically)

Angela M. Spinella
Program Manager
Rehabilitation Services Administration



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Pre-Employment Transition Services (Pre-ETS) Consent Form

Program Description

Department of Disability Services/Rehabilitation Services Administration (DDS/RSA), in collaboration with Local Education Agencies (LEAs) in the District of Columbia, provides opportunities for students with disabilities to participate in Pre-Employment Transition Services (Pre-ETS), as defined in the Workforce Innovation & Opportunities Act (WIOA), by offering: (1) job exploration counseling, (2) counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs, (3) workplace readiness training to develop social skills and independent living skills, (4) work-based learning experiences, and (5) instruction in self-advocacy, which may include peer mentoring. These services are available to all transition-age students with disabilities (ages 14-21), which includes all students with IEPs or eligible for a 504 Plan.

Student Referral Information

Student Name: _____ **Date of Birth:** _____
School Name: _____ **Student USI#:** _____
Student Address: _____
Social Security Number: _____ - _____ - _____ **Phone Number:** _____

Do you have a disability? YES NO

Do you have an IEP? YES NO **Do you have a 504 plan?** YES NO

Race / Ethnicity: Check all that apply

- White Black or African American American Indian or Alaskan Native
- Asian Native Hawaiian or Pacific Islander Hispanic or Latino

° I understand that by signing this form, I am providing consent for the above-named student to participate in pre-employment transition services (Pre-ETS) with DDS/RSA.

° I understand that this Pre-ETS Consent Form is not an application/referral for Vocational Rehabilitation (VR) Services with DDS/RSA.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(if legally required)

If student is interested in applying for VR Services from DDS/RSA, please complete the following VR Referral Form.