Pre-Employment Transition Services Consent & Information Release

Note to Parents, Guardians, and Power of Attorneys. As an authorized representative, your signature allows Nebraska VR to access education records and information regarding the student named below from the current school to determine eligibility to receive Pre-Employment Transition Services. Nebraska VR is a state and federally funded program in the Nebraska Department of Education that partners with high schools to help students prepare for work and future opportunities. There is no cost to you for the services your student may receive.

Student Demographics:

Preferred Name: _____ Date of Birth: _____

Full Legal Name: _____

Address: _____ City: _____ State: _____ Zip:_____

Student Phone: _____

Student Email Addresses: _____

Preferred Method of Contact: ☐ Text ☐ Email ☐ Phone Call Primary Language: _____

Sex: ☐ Male ☐ Female ☐ Unknown Are you Hispanic or Latino? ☐ Yes ☐ No

Are you (pick one or more)? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native

☐ Asian ☐ Pacific Islander or Native Hawaiian

Qualifications for Potententially Eligible:

The student meets the following criteria to be potentially eligible for Nebraska VR Pre-Employment Transition Services:

☐ Is at least 14 years old but less than 22 years old, and

☐ Has a disability documented with:

- ☐ 504 Plan or
- ☐ IEP (Individualized Education Program)
- ☐ Documentation to support the student as having a disability and is enrolled in a recognized educational program.

Describe student's disability: _____

School Name: _____ Current Grade: _____

Expected Graduation Date: _____ School Contact: _____

Authorized Representative(s):

1. Name: _____ Relationship to Student: _____
   Address:_____ City: _____ State: _____ Zip:_____
   Phone: _____ Email Address: _____
   Preferred Method of Contact: ☐ Text ☐ Email ☐ Phone Call Primary Language: _____
2. Name: _____ Relationship to Student: _____
   Address:_____ City: _____ State: _____ Zip:_____
   Phone: _____ Email Address: _____
   Preferred Method of Contact: ☐ Text ☐ Email ☐ Phone Call Primary Language: _____

Assistance and Benefits:

Does your family receive assistance from? (check all that apply)

☐ Housing Assistance ☐ Energy Assistance ☐ SNAP ☐ TANF ☐ None

Does the student or family receive?

☐ Medicaid ☐ Social Security benefits ☐ Developmental Disability services (DD) ☐ None

I give Nebraska VR permission to help my student plan for the future. This may include help to:

- Identify strengths, abilities, and capabilities.
- Learn work habits, attitudes, and behaviors.
- Identify skills and goals for work and adult living.
- Take part in community work experiences.
- Participate in Job Exploration Activities.
- Explore post-secondary training options.

I give the school permission to release and allow electronic access to all records about the student identified to Nebraska VR, including but not limited to:

- Career exploration information
- Individual Education Program (IEP)
- 504 Accommodation Plan
- Safety Plan
- School grades and progress reports
- School Multidisciplinary Team Report
- Psychological evaluations and reports
- Behavioral Intervention Plan
- Summer Transition Program contractors
- Work experience information and records
- School cumulative grade records, including standardized test results
- Functional Behavioral Assessment

I hereby attest that my responses and the information provided on this form are true, complete, and accurate. I give my consent for Nebraska VR to exchange information with school staff, mentors, post-secondary institutions, employers (past, current or prospective), and the following:

- Educational Service Units (https://educdirsrc.education.ne.gov/QuickDisplay.aspx?code=esu)
- Access Nebraska, (https://dhhs-access-neb-menu.ne.gov/start/?tl=en)
- Assistive Technology Partnership (https://dhhs-access-neb-menu.ne.gov/start/?tl=en)
- Nebraska Commission for the Blind & Visually Impaired (https://ncbvi.nebraska.gov/)
- Nebraska Developmental Disabilities (https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx)
- Nebraska Department of Labor (https://dol.nebraska.gov/)
- Social Security Administration (https://www.ssa.gov/)

In addition, Nebraska VR can exchange information with the following persons, programs, or agencies serving the student:

_____

Nebraska VR will not re-release the education records it receives from the above-named school to any other person, program, or agency without my written consent unless it is required by law. I may end this consent at any time by providing Nebraska VR a signed and dated statement to that effect. In any event, it will end one year from the date the identified student no longer receives Pre-Employment Transition Services.

Authorized Representative	Date	Student	Date
Nebraska VR	Date		

Questions or Concerns?

Contact the Client Assistance Program (CAP) if you need information or help to understand Nebraska VR Pre-Employment Transition Services, receive advice about services or benefits, learn about your rights and responsibilities, address problems with a program providing services, or ask for mediation or review of a Nebraska VR decision.
Phone: (800) 742-7594 (toll free), Email: cap.info@nebraska.gov, Mailing Address: Box 94987, Lincoln, Nebraska 68509