Pre-Employment Transition Services
Benefits Orientation - Discussion/Referral

10/2025

Referral Date: _____ **Referral Reason:** ☐ **SSI Redetermination** ☐ **WBLE**

Student: _____ **Case number:** _____

Pre-ETS Coordinator: _____

☐ **Representative Payee** _____
Name, Phone, Email

Call the Student, Parent or Authorized Representative. Gather benefits information as applicable, using the script guideline for discussion.

"Your Student with Disabilities is planning to take part in a paid work-based learning experience, (AND/OR) your SWD will soon turn 18, and VR would like to provide information about earning income and public benefits and what to expect if a redetermination of disability is done by the Social Security Administration prior to age 18. To provide this information, I'd like to collect some information about the types of public benefits your SWD or household may be receiving. I have a list and you can let me know whether these are benefits you or your SWD receives. A referral to a VR Benefits Orientation Specialist will be made at an appropriate time after age 18 if your student receives adult disability benefits."

Benefit received?	**Who receives?**
☐ **SSI**	_____
☐ **SSDI**	_____
☐ **Disabled Widow(er) Benefit**	_____
☐ **Medicaid**	_____
☐ **AABD Cash Payment**	_____
☐ **TANF/ADC**	_____
☐ **SNAP (Food Stamps)**	_____
☐ **Housing Assistance/Subsidy**	_____
☐ **Energy Assistance**	_____
☐ **Telephone Assistance Program**	_____
☐ **Other (Describe)**	_____

Other Notes (when to contact, language/interpretation needs, etc.

_____

Forward this form to make a Referral for a Benefits Orientation to a trained Benefits Orientation Specialist. Upload form to QE2.