

# Application for LSI's Education to Employment Program for Pre-ETS Services

LSI's Education to Employment program is a skills development initiative to provide Pre-Employment Transition Services for youth and young adults ages 14-21 who have a disability; are on an IEP or 504; not currently on the VR waiting list; in an education program and/or referred to E2E through a Vocational Rehabilitation counselor.

Please review the following document carefully and fill out each section as completely as possible.

<b>Participant First Name:</b>			<b>Middle (initial):</b>			<b>Last Name:</b>			
<b>Address:</b>				<b>City:</b>			<b>Zip:</b>		
<b>Email Address:</b>						<b>Cell phone:</b>			
<b>Social Security Number:</b> (required)					<b>Age:</b>		<b>Date of Birth:</b>		
<b>Race: (select all that apply)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <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				<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<b>Current Grade:</b> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Post High <input type="checkbox"/> Post-Secondary		
				<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Specific					
By signing this form, you confirm the student being referred to be an (choose one): <input type="checkbox"/> Individual with a disability and has a section 504 plan <input type="checkbox"/> Individual with a disability and has an IEP <input type="checkbox"/> Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services on an IEP									
<b>Referred by (print):</b>					<b>Signature:</b>				
<b>School/Institution/Agency:</b> Utah Virtual Academy					<b>Position of person referring:</b>				

<b>Signature of Participant</b>	<b>Print Name</b>	<b>Date</b>

<b>Signature of Participant's Parent/Legal Guardian</b> (if under 18 years old)	<b>Print Name</b>	<b>Date</b>



**Records Release and Permission for Agency Participation for Students**

Dear Student and Parent/Guardian,

Congratulations! Your student has been selected to participate in LSI’s Education to Employment Program for Pre-ETS Services. It is designed to help develop the skills and experiences needed to enter the workforce. This program is fully funded, so there is no cost to you. Since the programming is provided by community agencies and local companies, some of your student’s information will be shared with these partners in order to help facilitate the student’s pre-employment education, work experiences, and college transition planning/implementation. Please sign below to provide your permission to share information within these agencies/individuals:

- Student’s school
- LSI’s Education to Employment Program for Pre-ETS Services
- Utah State Office of Rehabilitation
- Local Employers to utilize for Work-Based Learning sites
- \_\_\_\_\_
- \_\_\_\_\_

Shared student information typically consists of the following:

- Relevant educational and transitional records
- Employment plans
- Work-Based Learning sites & student evaluations
- Birth dates
- Student demographic info/disability documentation
- Counselor and teacher contact information

**Student Name:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_

**School:** Utah Virtual Academy **Student Social Security Number\*:** \_\_\_\_\_

**\*Social Security Number is required for participation in LSI’s Education to Employment Program for Pre-ETS Services.**

**Email of Parent/Legal Guardian\*\*:** \_\_\_\_\_

**Phone of Parent/Legal Guardian\*\*:** \_\_\_\_\_

\*\*By providing an email address and/or phone number, the guardian is granting permission for relevant future communication including electronic documents via email.

**I hereby give permission to share relevant student information with the above listed agencies and for the listed agencies to share information with each other.**

<b>Signature of Participant</b>	<b>Print Name</b>	<b>Date</b>
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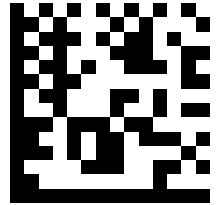
<b>Signature of Participant’s Parent/Legal Guardian</b> (if under 18 years old)	<b>Print Name</b>	<b>Date</b>
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*This release of records will remain valid until revoked by the student or official guardian of student; I understand that I have the right to revoke this authorization by providing written notice to LSI; 1530 N Layton Hills Pkwy; Suite #201; Layton, UT 84041. Revocation does not apply to records released prior to the revocation. I understand that school is not responsible should the recipient of the records fail to protect them in accordance with federal and state law.*





State of Utah  
Department of Workforce Services  
**RELEASE/DISCLOSURE OF INFORMATION &  
CONSENT FOR COORDINATED SERVICES**  
ONLY for use by Contracts and Refugee Home Visits  
Where UWORKS is Unavailable



D27021900920101

Name (Print) \_\_\_\_\_ PID \_\_\_\_\_ Case # \_\_\_\_\_

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency .....  Yes  No

<input type="checkbox"/> Div. of Child & Family Services	<input type="checkbox"/> Div. of Services for People with Disabilities	<input type="checkbox"/> Div. of Juvenile Justice Services
<input type="checkbox"/> Job Corps	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Local Mental Health Providers
<input checked="" type="checkbox"/> School Districts	<input type="checkbox"/> State/Local Health Department	<input type="checkbox"/> Substance Abuse Treatment Providers
<input checked="" type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Social Security Administration	<input type="checkbox"/> Any & All Employer/Worksite
	<input checked="" type="checkbox"/> Other Education to Employment (Pre-ETS) LSI	<input type="checkbox"/> Other _____

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

**Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.**

R=Release my information from a third party to DWS D=Disclose my information from DWS to a third party

<b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.)	<input type="checkbox"/> <input type="checkbox"/> Employment Plan Development/Renegotiation	<input type="checkbox"/> <input type="checkbox"/> Legal Information (court documents/orders, etc.)
<input type="checkbox"/> <input type="checkbox"/> Addt'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> School Information (progress, attendance, schedule, etc.)	<input type="checkbox"/> <input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.)
<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____

Signature of Customer \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian, if under age 18 \_\_\_\_\_

Date \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162