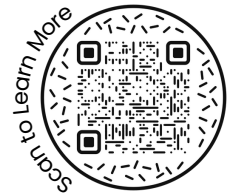




1350 Avenue of the Americas 2nd Floor
New York, NY 10019
ph. (212) 320-8973 | fx. (646) 466-7998
www.lincolnsqcoaching.com

Request for Pre-Employment Transition Services for Potentially Eligible Students with Disabilities



Referring Potentially Eligible Provider: Lincoln Square Coaching LLC (SFS Vendor ID: 1100296945)

Information and Consent: Lincoln Square Coaching LLC provides Pre-Employment Transition Services (Pre-ETS), as defined by the Workforce Innovation and Opportunity Act (WIOA), to a student(s) with a disability who is eligible or potentially eligible for VR services. A student with a disability is defined as an individual who is enrolled in an educational program, is between the ages of 14 and not yet 23, and who is eligible for special education and related services under IDEA or is an individual with a disability for the purposes of Section 504 of the Rehabilitation Act. In collaboration with schools and other community partners, pre-ETS will be made available to students with disabilities who have a need for one or more of these services. The following information completed by school, families or community providers should be sent along with documentation of the student's disability for any potentially eligible students who are not currently receiving VR services. **All services are offered at no cost to the student or family.**

Section I: Student Background Information (* indicates required field)

First Name:*	Last Name:*	Middle Initial:	Suffix:
Social Security Number:*	Date of Birth (MM/DD/YYYY):*	Gender:* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Did Not Self-Identify	
County or Borough of Residence:*	Home Address (Street):*		
City:*	State:*	Zip Code:*	
Home Phone:* <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Video Phone	Email Address:		
Do you identify as Hispanic, Latino, Latina, or Latinx?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:* <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Prefer Not to Respond		
US Citizen?* <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please list immigration status:			
Student's Primary Disability:*			
Need for Auxiliary (Support) Services:* <input type="checkbox"/> Reader <input type="checkbox"/> Interpreter <input type="checkbox"/> Other / Please Describe:			
Other Disability-Related Information:*			

Section II: Request for Pre-Employment Transition Services (All Fields Required)

Below are the Pre-Employment Transition Services offered. These services are intended to be the earliest set of services to assist students with identifying career interests and to provide the ability to practice and improve workplace skills. Students may elect to receive some or all the services.

Select those services that you would like to receive:*

- ☐ Job Exploration Counseling (1005X)
- ☐ Instruction in Self-Advocacy (1006X)
- ☐ Workplace Readiness Training to Develop Social Skills and Independent Living (1007X)
- ☐ Postsecondary Options Counseling (1008X)

Form Continues >>>



Request for Pre-Employment Transition Services for Potentially Eligible Students with Disabilities

Referring Potentially Eligible Provider: Lincoln Square Coaching LLC (SFS Vendor ID: 1100296945)

Section II Continued (All Fields Required)

Check which documentation of disability is included (please attach or email to referrals@lincolnsqcoaching.com):*

- ☐ IEP (Individualized Education Program)
☐ 504 Plan
☐ SSA Award Letter
☐ Other Diagnostic Documentation. Please specify (e.g., Psychological Report): _____

Currently enrolled in high school?* ☐ Yes ☐ No

Currently enrolled in post-secondary program?* ☐ Yes ☐ No

Referring organization:* Lincoln Square Coaching LLC

Grade Level:* ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Post-12th Grade Transition Program ☐ College/University/Vocational Training

Expected Graduation/Exit Date (MM/YYYY):* _____

The Section in Gray is for Staff Only

Referral Source: Lincoln Square Coaching LLC

Referral Source Phone: (212) 320-8973

Referral Source Address: 1350 Avenue of the Americas 2nd Floor, New York, NY 10019

Referral Source Signature: _____

Referral Source Email: referrals@lincolnsqcoaching.com

Referral Source Relationship: Agency

Disclaimer and Signatures

I understand this is not an application for services from Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-VR) or for the Commission for the Blind. Lincoln Square Coaching LLC is committed to good privacy practices. As such, Lincoln Square Coaching is disclosing that to fully process your request for Pre-Employment Transition Services, access is required to personal information about you, which will be maintained by the Potentially Eligible provider. By signing this form, you are permitting access to any personal information (PII) necessary to process your request for Pre-Employment Transition Services, to provide these services to you. Please note that Lincoln Square Coaching LLC protects any non-public, confidential personal information maintained about you from release to the public or unauthorized third party.

By signing below, I authorize ACCES-VR to obtain/release information (including school records, disability information and status of ACCES-VR process). By signing below, I acknowledge that in completing the request for Pre-Employment Transition Services, Lincoln Square Coaching may obtain or release confidential personal information about me as follows:

- in collaboration with ACCES-VR vendors and Partners on my behalf
- to report my progress to the school or agency who referred me to Lincoln Square Coaching LLC
- when required by law and to facilitate the administration of the Rehabilitation Act
- to other state agencies, if applicable

Lincoln Square Coaching does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age, sexual orientation, gender, veteran or military status, and/or genetic information or in any manner prohibited by law.

Signature of Individual (If under 18, parent or legal guardian must also sign below):* _____

Date:* _____

Signature of Parent/Legal Guardian: _____
(If Applicable)

Date: _____

Printed Name of Parent/Legal Guardian: _____
(If Applicable)

Phone: _____

Parent/Legal Guardian Email: _____
(If Applicable)

End of Form

Submit Your Application: If this form was provided by your school, please return it and your disability documentation to your transition coordinator, teacher, or school counselor/social worker. If you obtained this form from Lincoln Square Coaching LLC, please email the completed form and your disability documentation to referrals@LincolnSqCoaching.com.