Iowa Department for the Blind Vocational Rehabilitation Services Pre-employment Transition Services Agreement

IDB Participant ID: _____

Qualification for Sarvince
Qualification for Services
IDB has confirmed thatis a student who meets the following criteria to qualify for pre-employment transition services:
 Is at least 14 years old but less than age 22; and
 Has a disability documented with an IEP, 504 plan, medical records, or a doctor's note, and
Is enrolled in a secondary school (including home school or other)
alternative secondary education program), post-secondary education
program, or other recognized educational program and has not exited, graduated, or withdrawn.
Description of Anticipated Services
Because you meet the definition of "student with disability" for purposes of 504 or IDEA, you are qualified to receive Pre-employment Transition Services. Currently anticipated services are indicated with an "X" and described below.
☐ Job Exploration Counseling
Explanation:
My Chosen Provider(s):
Estimated Begin Date:
☐ Work-Based Learning Experience
Explanation:
My Chosen Provider(s):
Estimated Begin Date:
☐ Counseling on Opportunities for Enrollment In Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education
Explanation:
My Chosen Provider(s):
Estimated Begin Date:

Explanation:
My Chosen Provider(s):
Estimated Begin Date:
☐ Instruction in Self-Advocacy
Explanation:
My Chosen Provider(s):
Estimated Begin Date:
Documentation/Signatures
If you have any questions regarding this Agreement, including the Important Information About IDB on the next page, please discuss with your IDB counselor before signing.
As long as you qualify to receive Pre-Employment Transition Services, this Agreement will be effective and new Agreements may be written, as additional services are requested and available.
Student Acknowledgement: I have received the Pre-Employment Transition Services Fact Sheet, and I agree to participate in the services described in this Pre-Employment Transition Services Agreement. I understand that services will be provided contingent upon local availability and Provider approval.
Student Signature Date Parent/Guardian Acknowledgement: I agree that {Participant Full Name} may participate in the services described in this Pre-Employment Transition Services Agreement. I understand that services will be provided contingent upon local availability and Provider approval.
Parent/Guardian Signature Date
Counselor Signature Date

Important Information about the lowa Department for the Blind

General Terms and Conditions. The services IDB can provide depend on the availability of State and Federal funds and on openings at agencies and schools which provide the needed services. IDB services are based on the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. **IDB will only pay for services that have been <u>pre-approved</u> and <u>authorized</u> in writing by an IDB counselor.**

Informed Choice. Counselors provide information about various options and resources throughout the rehabilitation process. All individuals are encouraged to fully participate in the selection of pre-employment transition services and providers.

Rights of the Individual. Applicants for and recipients of IDB services have the following rights:

- Confidentiality. All information given to or obtained by IDB staff will be used only
 for the rehabilitation of the individual and in the administration of the program.
 Information may be released for purposes of the individual's rehabilitation program,
 and if required by Federal Law and in response to legal investigations and judicial
 order. Information requested about an individual from IDB for any other purpose
 shall be released only with the written consent of the individual.
- Client Assistance Program (CAP). CAP staff can give advice and provide information and assistance as individuals work with IDB and service providers. CAP staff work with individuals and IDB staff to help resolve concerns and problems. They can also offer assistance with mediation and the Appeal Process when concerns cannot be resolved at a lower level. CAP staff can be reached by Phone: 800-652-4298, Fax: 515-242-6119 and Email: dhr.disabilites@iowa.gov
- Conflict Resolution. If individuals believe they have not been treated fairly or provided with appropriate services by IDB, they may ask for help, either on their own or with assistance from CAP, in the following ways:
 - The individual may request a meeting with the counselor and the counselor's supervisor to discuss the problem and seek a solution.
 - Informal dispute resolution (including an informal administrative review), mediation, and to proceed directly to an impartial due process hearing;
 - If an individual is dissatisfied with decisions made by IDB staff which affect their rehabilitation program, the individual has the right to an Appeal Hearing with an impartial Hearing Officer. If both parties agree, they may participate in mediation prior to the scheduled date of the Appeal Hearing.

Other Important Rights

- IDB and its vendors do not discriminate on the basis of sex, race, religion, color, age, national origin, residence, physical or mental disability or political affiliation in providing access to services.
- Individuals have the right to be informed of any significant delay in the provision of rehabilitation services.
- Individuals have the right to review the information in their record of services after signing a release of information statement.

Important Responsibilities of the Individual

- To provide to IDB staff accurate information about their disability, limitations, capabilities, education, work experience, and other related matters.
- Individuals must fully participate in any pre-employment transition services requested. This includes keeping appointments, telling counselor of any changes that may affect your ability to participate.
- Assist your counselor in getting reports, transcripts or other needed information to support your participation in services.
- Discussing the need for any accommodations, equipment, or supports, prior to participation in services.