

MassAbility

MassAbility Pre-Employment Transition Services Referral and Consent Form

I. Demographics

Student Name: _____

SSN (if required): _____

Primary Language: _____

D.O.B.: _____

Gender: Male Female Prefer not to answer

Race (mark all that apply): American Indian or Alaska Native Asian Black or African American White

Ethnicity: Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

Address: _____

Phone: _____ **Email:** _____

Disability Documentation Type: IEP 504 Plan Medical Documentation Email Attestation

Disability Diagnosis: _____

Functional Limitations: _____

Medications: _____

Allergies: _____

II. Family/Emergency Contact

1. **Name:** _____ **Relationship:** _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

III. School Information

School Name: _____

Grade: _____ **Expected Exit Date:** _____

School Contact Name: _____ **Relationship:** _____

Contact Phone: _____ **Contact Email:** _____

IV. Services Requested

Job Exploration Counseling Work Readiness Training Work-based Learning Experience
 Instruction in Self-Advocacy/Peer Mentoring Counseling for Enrollment in Post-secondary Education
Program

V. Consent for Service

I am requesting Pre-Employment Transition Services based upon the criteria that I am a student with a disability. I understand I will need to meet with a Pre-ETS Provider and develop a service plan that will be approved by MassAbility before I start receiving services. I understand that, as a recipient of services from MassAbility, I have the right to seek advocacy services from the Client Assistance Program (CAP) at (800)-322-2020 or www.mass.gov/mod/cap.

For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for the service provider to exchange information with the schools, authorized personnel, and MassAbility to verify services were provided to me.

Student Signature: _____ **Date:** _____

** if student is under 18 or has a legal guardian, their signature is required**

Parent/Guardian: _____ / _____ **Date:** _____

Print

Signature