dsb-4008sub-VR-DOC **RECORD OF TRANSITION & PETS SERVICES RECEIVED**

\_\_ /\_\_/\_\_\_\_\_\_ Date Received by School System if Individual is 14-24 YO and IDEA services recipient. \_\_\_\_\_\_\_ Initial

New 9/2016 A copy is to be retained by DVRS/DSB

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| --- | --- | --- |
| **NC Division of Vocational Rehabilitation Services** |  | **NC Division of** **Services for the Blind** |

**Purpose:** Pursuant to Section 511 of the Rehabilitation Act as enacted by the Workforce Innovations and Opportunities Act, prior to pursuing employment earning subminimum wage, it must be documented that the individual with a disability has been given the opportunity to receive employment related services designed to enable them to explore, discover, experience and seek to attain competitive integrated employment in a manner that facilitates that individual’s or their representative’s informed choice and decision-making. **This form provides documentation that the individual MUST present at regular intervals to their employer paying subminimum wages OR THEY WILL NOT BE ABLE TO WORK and receive subminimum wages.**

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| Individual’s Name Last, First, MI  |  Date of Birth MM/DD/YYYY  | Client ID:  | Date Form Completed/Updated |
|       |       | BEAM ID if Different:       |       |

**Prior to 7/22/2016 was Individual Employed Earning Subminimum Wages, as allowable by Wage and Hour 14 (c) Certificate? (Y / N)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICES DOCUMENTATION SECTION:**

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| --- | --- | --- | --- |
| **Service Description (Transition; PETS Pre Employment Transition Services—Career Counseling; Information and Referral, etc.) NOTE: if copy of Transition Plan is Obtained, please attach and reference** | **Provider Name/ Signature** | **Agency** | **Certificate Date** |
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**DETERMINATION SECTION:**

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| **Determination:** | **DVRS/DSB Name/Signature** | **Date** | **DVRS/DSB Supervisor (as applicable)** | **Date** |
| [ ]  Eligible for VR Services[ ]  Ineligible for VR Services[ ]  In Individual was unable to achieve competitive integrated employment under IPE following reasonable period**Date VR Case Closed:** |       |       |       |       |
| **Justification:** |       |
| **Date for Re-Evaluation :** |       |

**NOTE: Copy of this document to be provided to the Individual or Individual’s Representative within 30 calendar days of completing this section, unless EXTENUATING CIRCUMSTANCES has prevented this from occurring.**

**EXTENUATING CIRCUMSTANCES IF APPLICABLE:**

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**RECORD OF PROVISION OF DOCUMENTATION TO INDIVIDUAL OR REPRESENTATIVE:**

**NOTE: THIS COMPLETED DOCUMENT MUST BE PROVIDED IN A FORMAT ACCESSIBLE TO THE INDIVIDUAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documentation Provided to above-named Individual with a Disability or Representative** | **Staff Name/Signature** | **Date** | **Delivery Method (Fax, Mail, Hand Delivered, etc.)** |
| dsb-4008sub-VR-DOC |       |       |       |
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