**dsb-4008sub-VR-YW** WAIVER for DOCUMENTING REFUSAL OF SERVICES REQUIRED OF SECTION 511 (Youth Age 14-24)

A copy is to be retained by the Agency

New 9/2016

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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  | Age This Date | DVR/DSB Identifier | Date Form Completed |
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**REFUSAL SECTION:** The individual (and/or guardian / representative as applicable) has been offered and **REFUSES or DECLINES** the following services that have been described and offered to me:

* Transition Services as would be provided for those eligible under the IDEA;
* Pre-Employment Transition Services available through DVRS/DSB:
	+ Job exploration counseling;
	+ Work-based learning experiences, which may include in-school, after school, or community-based opportunities;
	+ Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs;
	+ Workplace readiness training to develop social skills and independent living;
	+ Instruction in self-advocacy, including peer mentoring;
	+ Counseling pertaining to benefits and work incentives;
* Application for Vocational Rehabilitation services and supports, including supported employment as appropriate.

I     , have received a description of the services above that are made available to me according to the situation that applies to me based on my age and student/non-student status. I am choosing at this time to refuse these services and wish to pursue employment to be compensated at wages below the current minimum wage. I clearly understand that I can change my mind at any time and wish to pursue these services. I realize I will be asked periodically about this choice as required by enacted legislation.

**Reason for refusal:**

Individual’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Guardian or Representative’s Signature (as applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

LEA or DVR/DSB Staff Documenting Refusal       Date

**NOTE: Copy of this document to be provided to the Individual or Individual’s Representative within 10 calendar days of completing this form.**

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

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

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| --- | --- | --- | --- |
| **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-YW** |       |       |       |
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