

Pre-ETS Referral Form Instructions

Kentucky Office of Vocational Rehabilitation

Introduction:

The purpose of the Pre-ETS Referral Form is to allow students to be referred to OVR for Pre-ETS services.

Form Sections and Fields

Section 1: Student Information

Field	Instruction
Last Name (Required)	Enter the last name of the student.
First Name (Required)	Enter the first name of the student.
Middle Initial (Required)	Enter the middle initial of the student.
Student ID (Required) *Every student in a Kentucky public school is assigned a 10-digit student ID. Some students in private school, home schools, post-secondary schools, etc., may not have a 10-digit state student ID.	If the student has a 10-digit student ID, enter it here. If the student does not have a 10-digit student ID, leave this field blank.
Date of Birth (Required)	Select the date from the dropdown or enter the date manually using MM/DD/YYYY format.
Mailing Address (Required) *the selected mailing address should be one the student prefers to receive mail.	Enter the mailing address including street number, street, and a suite, unit, or apartment number (if applicable).
City (Required)	Enter the full city name of the mailing address.

Field	Instruction
State (Required)	Enter the two-letter state of the mailing address.
Zip code (Required)	Enter the five-digit zip code of the mailing address.
Parent/Legal Guardian Email	Enter the email address for the parent/legal guardian, if applicable.
Student Email	Enter the email address for the student if they have an email address they want to share.
Primary Phone (including area code) (Required)	Enter the primary phone number for the student starting with the area code.
Secondary Phone (including area code) (Required)	Enter the secondary phone number for the student starting with the area code. This could be a parent/guardian phone number.
Primary Phone Options (select all that apply)	Select all the primary phone options that apply from the list: Voice, TTY, SMS, and Video
Secondary Phone Options (select all that apply)	Select all the secondary phone options that apply from the list: Voice, TTY, SMS, and Video.
Race (select all that apply) (Required)	Select all the options for race that apply from the dropdown list: American Indian or Alaskan Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, White, and Prefer not to answer.
Ethnicity (Choose One) (Required)	Choose one option from the dropdown list: Hispanic or Latino or Not Hispanic or Latino.

Field	Instruction
Sex (Choose One) (Required)	Choose the one option from the dropdown list: Male, Female, Prefer not to answer.
Student must meet the following requirements for the provision of Pre-ETS services. (Required)	All requirements must be checked in order to qualify for services and complete the form.

Section 2: Educational Information

Field	Instruction
School Currently Enrolled (Required)	Enter the secondary, alternative, home school, or recognized postsecondary education/vocational program in which the student is currently enrolled.
County (Required)	Enter the county in which the school is located.
Phone (including area code) (Required)	Enter the phone number starting with area code for the school.
Grade Level (Required)	Enter the grade level of the student.
Expected School Exit Date (Required)	Select the expected graduation or exit date from the dropdown or enter the expected graduation or exit date manually using MM/DD/YYYY format.
Type of Diploma/Degree (Choose One) (Required)	Choose the type of diploma or degree the student plans to earn next from the dropdown list.
Select the type of documentation (Choose One) (Required)	Select the type of documentation the student has that confirms the student meets the provision to qualify for Pre-ETS services.

Field	Instruction
Does the student have sensory disabilities (e.g., hearing, vision)? (Required)	Select the one option that applies to the student.
Student's Preferred Mode of Communication (e.g., ASL, Sign Language) (Required)	Select the one option that applies to the student. See next field if Other is chosen.
Other Preferred Mode of Communication	If Other is chosen in the previous question, enter the mode of communication that the student utilizes.

Section 3: Pre-ETS Provider Information

If the referral is submitted from a Pre-ETS Provider, this section must be completed.

Field	Instruction
Pre-ETS Provider Business Name (Required)	Enter the name of the business/Pre-ETS provider.
Business Address (Required)	Enter the businesses mailing address. This may not always be a street address; a business could utilize a PO Box to receive mail. Enter the full address including street number, street, and a suite, unit, or apartment number (if applicable), City, State, and Zip Code.
Contact Name (Required)	Enter the first and last name of the point of contact for the business/Pre-ETS provider.
Contact Phone Number (Required)	Enter the phone number, including area code, of the point of contact for the business/Pre-ETS provider.

Field	Instruction
Contact Email Address (Required)	Enter the email address of the point of contact for the business/Pre-ETS provider.

Section 4: Client Assistance Program (CAP)

The student or the representative of the student should review the information for the Client Assistance Program (CAP). If the student or the representative of the student would like to know more about their rights or would like to express their dissatisfaction with the program, they can contact this program.

Section 5: Student/Parent/Legal Guardian Consent

The student or the representative of the student should review this information before signing the form.

Section 6: Signatures-Student Signature required, Parent/Legal Guardian (if applicable)

Field	Instruction
Student Signature (Required)	The student must sign the form.
Printed Name	The student should print their name next to their signature
Date	The student should date the form after they sign the form.
Parent/Legal Guardian Signature/Power of Attorney (if applicable)	If the student is under the age of 18 or has a legal guardian or power of attorney, that person should sign the form.
Printed Name	The parent/legal guardian/power of attorney should print their name next to their signature.

Field	Instruction
Date	The parent/legal guardian/power of attorney should date the form after they sign the form.
Signing as	If a parent, legal court appointed guardian, or a power of attorney must sign the form, then that particular option should be selected.

Definitions

Parent- the mother or father of a person, whether through birth or legal means or the adoptive, presumed, biological, intended, and functional or de facto parents.

Legal Court Appointed Guardian-Person is legal court appointed guardian over the individual and is responsible for their personal and/or financial decisions.

Power of Attorney-Person who controls legal and financial decisions.