

Today's Date \_\_\_\_\_

## RRCI Pre-Employment Transition Services Intake and Application

\_\_\_\_\_  
First Name      Middle Name      Last Name      Date of Birth      Age

Address \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

State UT Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Please Circle Correct Answer:**

Race:    White    Asian    Black/African American    Native American or Alaskan Native    Pacific  
Islander or Native Hawaiian    Unknown

Are you also Hispanic?    Yes    No      Gender:    Female    Male    Does not wish to self-identify

Grade in School:    9    10    11    12    Post      **School Name:** \_\_\_\_\_

Are you a current Vocational Rehabilitation (VR) Client?    Yes    No

If yes, who is your VR counselor? \_\_\_\_\_

Living Arrangement:    Dependent with family/friends    Group Home    Professional Parents    On own

What is your disability? \_\_\_\_\_

What services do you need? \_\_\_\_\_

Are you registered to vote?    Yes    No    N/A      If not, would you like to register to vote?    Yes    No

I understand that assistance may be given by RRCI for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by RRCI or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. RRCI will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program, unless my written approval has been obtained. I am aware of my rights concerning the release of information.

RRCI makes no distinction in race, color, sex, age, gender identity, sexual orientation, creed, disability or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. If additional assistance is needed, the Client Assistance Program (CAP) is available to act as an advisor or advocate. CAP can be reached by calling 1-800-662-9080.

### Student Eligibility

\_\_\_\_\_ I verify that this student has a disability and is receiving services under IDEA or does/would qualify under 504.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RRCI Pre-Employment Transition Services Independent Living Plan

### Student Participation Statement

☐ Waiver Statement: I understand the purpose of a written Independent Living Plan, but at this time I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

**OR**

☒ Participation Statement: I will participate in the development of an Independent Living Plan.

**Goal: COMMUNITY/SOCIAL PARTICIPATION**

INIT. DATE	
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COMP. DATE	

To assist in assessing the self-care barriers currently experienced. Consumer will be taught life and transition skills to include them into mainstream society and increase their participation in social, vocational, and community activities.

### Services: (Check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counseling and Guidance  | <input checked="" type="checkbox"/> Information and Referral                      |
| <input checked="" type="checkbox"/> IL Skills: Related to budgeting, healthy living, household management  | <input checked="" type="checkbox"/> Recreation—involve in recreational activities |
| <input checked="" type="checkbox"/> Youth Services: assist those consumers in school, ages 14-22, with social and life skills needs from high school to work, or post-high, develop advocacy skills, self-esteem, and the exploration of career options. |   |
| <input type="checkbox"/> Transportation Services: Consumer requiring a ride using RRCI vehicle   |   |

**ANNUAL REVIEW: It is understood that every 12 months there will be a review of this plan. At that time, you will have the opportunity to redevelop terms of your plan with your coordinator.**

Consumer or Representative  Date:   
IL Service Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

- ☒ I DO authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.
- ☒ I DO NOT authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.

This program is offered in cooperation with Utah State Office of Rehabilitation

