



Project | SEARCH[®]
BERGEN COUNTY

HIGH SCHOOL PROGRAM Application 2026-2027

Applicant Name:			
Applicant Address:			
Applicant Email:		Applicant Phone:	
School District:			
District CST Manager:		CST Phone:	
Date Submitted:		Date Received:	(for office use only)

Program Overview

Bergen County's Project SEARCH program is a one-year unpaid internship program that trains young adults, who have a significant disability, and who are committed to seeking competitive employment in the community.

This employment and training program model features total immersion in a business setting in which interns complete a series of at least three rotations (approximately ten weeks each) in various departments within a host business location. It also includes instructional time for reinforcement of employment skills and career exploration opportunities — all while providing on-site skills training and accommodations design, as needed, to support the goal of independence.

Program capacity is six to twelve interns per program year for each program site.

The primary goal of the program is to prepare each intern for competitive employment (a minimum of 16 hours per week) upon completion of this skill-building experience.

Application Purpose & Process

The purpose of this application packet is to outline the skills set of the Project SEARCH Intern Candidate. This application enables the Project SEARCH Advisory Committee (consisting of representatives from business, workforce agencies, service agencies, education & training, and disability advocates) to properly assess each Intern Candidate's skills, abilities, and background.

Agencies and individuals listed in this application may be contacted for more information. Intern selection is not based on an education label or diagnosis. Rather, the Advisory Committee endeavors to develop a cohort that is diverse in its abilities.

The goal of the application process is to select applicants who are likely to be successful in the program – those that would benefit from this unique employment training experience and are likely to gain the skills to necessary to obtain and sustain complete employment.

The Advisory Committee matches the intern's skill sets and interests with the appropriate host business site (program location). Determination of acceptance and the host business location are confirmed before the program begins via a phone call and formal letter.

Application General Guidelines

- All of the required documents must be completed and submitted together for the application to be considered.
- Completing the application is team process. This application should be completed by the applicant in conjunction with their parent(s)/guardian(s) and Child Study Team (CST).
- Completing this application does not guarantee acceptance into the program or placement into employment. If accepted, the Intern Candidate is required to participate in a skills assessment and interview, attend an incoming orientation, and pass all business host requirements (such as a criminal background check and drug screen).
- An Individualized Education Plan (IEP) will be developed with the IEP team for the academic year by the month of June that precedes the program start in September.
- Contact Sandra Melicharek (201) 343-6000 x4079 or sanmel@bergen.org for any questions that your school district cannot answer.

Submit the completed application to

**Bergen County Special Services School District
ATTN: Sandra Melicharek, Director of Instruction
540 Farview Ave., Paramus, NJ 07652**

by

Wednesday, April 29, 2025

Basic Eligibility Requirements for the High School Project SEARCH Program

- Between 18 to 21 years of age
- Have an Individual Education Program (IEP)
- Have completed all of the credit requirements for graduation, and will be entering their last year of high school or high school eligibility (*High school program participants must agree to accept their diploma and exit the school system upon program completion; they may enter the program during the school term in which student turns 21 years old or earlier if decide to graduate. Many successful students come to Project SEARCH after 1-2 years in traditional transition programs. High school students must get approval from their school district to apply.*)
- Have a strong desire to work competitively and would benefit from gaining additional skills to do so
- Have a goal to work at least 16 hours per week after program completion
- Be eligible for Vocational Rehabilitation Services (DVRS) and complete intake process with DVRS counselor
- Have the ability to meet host business clearance requirements (background check, drug screen, etc.)
- Commit to 100% attendance
- Be willing to utilize, and train for, public transportation to access Project SEARCH and future competitive employment. *Note: Program does not provide or coordinate transportation.*
- Be able to maintain appropriate behavior, hygiene, and social skills in the workplace without immediate supervision (Interns are supported in their rotations by a coordinator, skills trainers, and mentors; however, the expectation is that support fades as interns gain skills and confidence within a rotation. A young adult requiring one-on-one supervision would not be a candidate for this program.)
- Be able to communicate effectively (may be other than verbal) and take direction from a supervisor, and have a significant barrier to competitive employment (this program serves individuals with a range of abilities)

KEY DATES AND DEADLINES

Information Sessions (visit projectsearchbergen.com to register)	Januray through April
Application Deadline	April 29, 2026
DVRS Intake Deadline	April 29, 2026
Application Review Period	April 29 - May 6, 2026
Skills Assessment & Interview Day (mandatory all applicants)	May 13, 2026
Prospective Intern Review & Selection Period	May 13 - May 20, 2026
Notices of Determination (acceptance, waitlisted, or declined)	May 20, 2026
Incoming Intern Orientation (mandatory for accepted)	July 16, 2026
Travel Training Period	July through August 2026
Program Period	September 2026 through June 2027
Graduation	June 2027 (Date TBD)

IMPORTANT

DVRS Intake Process must be completed by application dedline.

Complete these steps as soon as possible:

1. Mail or fax your completed DVRS Confidential Referral Form to the address or fax number on the form
2. Call the DVRS Hackensack Office at (201) 996-8970 to schedule an appointment with a DVRS counselor
3. If you are considering applying for Project Search Adult Program, be sure you have applied for Medicaid and DDD services.

DDD application process takes about 6 months and you cannot be eligible for DDD without Medicaid.

DEPARTMENT LINKS

NJ FamilyCare/Medicaid:

<https://www.nj.gov/humanservices/dmahs/clients/medicaid/>

Division of Developmental Disabilities

<https://www.nj.gov/humanservices/ddd/>

Division of Vocational Rehabilitation Services (DVRS)

<https://www.nj.gov/labor/career-services/special-services/individuals-with-disabilities/>

Application Packet Checklist

- ☐ Completed Application
- ☐ Color Photo (Wallet Size)
- ☐ Two (2) letters of recommendations or work performance evaluations from (DVRS Counselor, job coach, school district staff, employer, family friend, volunteer program staff, vocational program staff)
- ☐ Current Individual Education Plan (IEP) including Transition Goals
- ☐ Current Evaluation Records (include most recent math and reading scores/grade levels and IQ scores)
- ☐ High school transcript with an attendance record
- ☐ Up to date immunization record
- ☐ Signed release forms at the end of this application packet
 - ☐ School District Consent Release Form
 - ☐ Division of Vocational Rehabilitation (DVRS) Consent for Release
 - ☐ Division of Developmental Disabilities (DDD) Consent for Release
- ☐ Proof of Guardianship (if applicable)
- ☐ Complete DVRS Intake Process

STUDENT PERSONAL DATA

First Name:					
Middle Name:					
Last Name:					
Street Address:					
City:		State:		ZIP:	
Cell Phone Number:					
Alternate Phone Number:					
<i>If you do not have an email address, please provide the email of a parent or guardian.</i>					
Email Address:					
Date of Birth:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to answer		
Resides With:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent/ Guardian		
	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other		
Primary Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Sign Language		
	<input type="checkbox"/> Other (specify):				
Type of Disability: (written documentation of disability must be provided)					
How may your disability affect job performance (i.e., behavior, sensory, communication, etc.)?					

Adaptions/accommodations that you may need at work:			
Medical Concerns (i.e. asthma, seizures, allergies):			
Social Security Number:		<input type="checkbox"/> Have SS Card	<input type="checkbox"/> Have State ID
Benefits Received	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> Medicaid
SERVICES AGENCIES			
Division of Vocational Rehabilitation Services (DVRs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, DVRs Counselor Name and Phone:	
Division of Developmental Disabilities (DDD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, DDD Supports Coordinator Name & Phone:	
Do you have other Service Providers (i.e., residential, therapist, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, Agency, Contact Name & Phone:	
Guardianship (proof of guardianship must be provided)	<input type="checkbox"/> Applicant has guardian		<input type="checkbox"/> Applicant is their own guardian

Parent / Guardian Information (if applicable)

You will be required to provide legal documentation of guardianship if you are accepted into the program.

First Name:					
Middle Name:					
Last Name:					
Street Address:					
City:		State:		ZIP:	
Cell Phone Number:					
Alternate Phone Number:					
Email Address:					

Transportation

Project SEARCH encourages its Interns to work towards independence and being confident in independently managing transportation to and from work.

How will you get to Project SEARCH and work every day?	<input type="checkbox"/> Own Vehicle	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Ride with friend/family
	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Ride Share (Lyft, Uber)
Public Transportation	I am willing to learn public transportation:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	I am eligible or will apply for Access Link (NJ Para-Transit Service)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education and Training

Will you have completed all credit requirements for graduation before entering Project SEARCH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of high school:		
Other completed Education/Programs (non-high school):		
List any occupational license or training certificates that you current hold:		

Employment, Internship, and Volunteer Experience

Employer 1

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 2

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 3

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 4

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Job Readiness & Future Employment Preferences

What is your career of interest?						
How do you want to be employed upon the completion of Project SEARCH? Check all that apply.	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Either	
	<input type="checkbox"/> 1st Shift (Day)		<input type="checkbox"/> 2nd Shift (Evening)		<input type="checkbox"/> 3rd Shift (Overnight)	
	<input type="checkbox"/> Weekdays		<input type="checkbox"/> Weekends		<input type="checkbox"/> Evenings	
Do you plan to work while attending the Project SEARCH program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?			How many hours? 	

References

List three references of a non-related individual (i.e. previous employer, school/program staff, neighbor, etc.)

Reference 1

Reference Full Name:	
Relationship to Applicant:	
Reference Phone Number:	
Reference Email:	

Reference 2

Reference Full Name:	
Relationship to Applicant:	
Reference Phone Number:	
Reference Email:	

Reference 3

Reference Full Name:	
Relationship to Applicant:	
Reference Phone Number:	
Reference Email:	

Additional Questions

Why do you want to participate in the Project SEARCH program?	
How did you hear about Project SEARCH?	

Compliance, Universal Release and Equal Opportunity

1. Acceptance into the Bergen County Project SEARCH Program is dependent upon the Advisory Committee's review.
2. **Compliance:** An applicant's status within the program is contingent upon adherence to the policies and procedures of Project SEARCH. By signing, the applicant and/or guardian agree to comply.
3. **Universal Release:** The applicant's records (DVRs, DDD, DDS) may be released for review by the Project SEARCH Program Staff and Advisory Committee.
4. **Equal Opportunity:** Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances, or presence of a disability.

Applicant's Signature		Date:	
Legal Guardian's Signature		Date:	
Did anyone help you complete this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered yes, please complete the section below.</i> Application Completed By:			
Name of Individual			
Relationship to Individual			
Phone Number:		Email:	

Project SEARCH Intern Contract

The Intern will be asked to sign this upon acceptance into the Bergen County Project SEARCH Program. Read, sign, and date the Intern Contract below.

I, [Click here to enter text.](#), understand that if I am accepted into the Bergen County Project SEARCH program that I must abide by the following terms and conditions.

- I understand that I am responsible for transportation to the host site.
- I will learn to use public transportation when available.
- I will complete at least three unpaid internships at my assigned Project SEARCH program location unless I am hired for a competitive employment position prior to the end of the program year.
- I will attend the program every day as scheduled.
- I will maintain appropriate behavior in the workplace without immediate supervision.
- I will dress appropriately and wear required attire.
- I will call my skills trainer and department supervisor when I am absent or tardy.
- I will follow all of the rules established by the program and the host business.
- I will attend meetings with my parents, skills trainers, VR counselor and/or DDD support coordinator (as applicable), and host business staff.
- I will be an active participant and communicate any issues at our scheduled meetings.
- I will actively pursue competitive employment during the program and after program completion.

My goal is to achieve competitive employment in the community, and I understand this goal to be the primary reason for acceptance into the program.

Project SEARCH collects employment outcome information for every participant. As part of placement into the program, I additionally agree to the following:

- If I am not employed by the completion of the program, I will meet and maintain contact with the skills trainer assigned to me.
- I will participate in surveys related to program evaluation and my employment status.
- Prior to program completion, I will provide accurate contact information for follow-up and will respond to inquiries made by the program.

I have read the preceding terms and conditions and agree that if accepted to the program, I will abide by this contract. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	

CONSENT FOR RELEASE OF INFORMATION

Applicant's Local School District

I authorize my school district to release/obtain records for the purpose of Bergen County's Project SEARCH Program.

Applicant School District:			
Full Name:		Date of Birth:	
This consent will be in effect from:		Until (not to exceed 1 yr)	

Information to be released: **High School Transcript with Attendance and Transition Formal and/or Informal Assessments** AND (check all that apply):

<input type="checkbox"/> Comprehensive Evaluation Report <input type="checkbox"/> Treatment Plans <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Lab Reports <input type="checkbox"/> Biopsychosocial History <input type="checkbox"/> Medical History <input type="checkbox"/> Exchange of Verbal Information <input type="checkbox"/> Consultations	<input type="checkbox"/> Diagnostic Summary <input type="checkbox"/> Medications <input type="checkbox"/> Developmental History <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Discharge/Aftercare Plan <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Progress Reports (past and current) <input type="checkbox"/> Other information as deemed appropriate, please attach list:
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I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me, and I understand its content.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	
CST Case Manager Signature		Date:	

Please forward information to the attention of:
Bergen County Special Services School District
ATTN: Sandra Melicharek, Director of Instruction
540 Farview Ave., Paramus, NJ 07652

CONSENT FOR RELEASE OF INFORMATION

Division of Vocational Rehabilitation Services (DVRS)

I authorize the Division of Vocational Rehabilitation Services (DVRS) to release/obtain records for the purpose of Bergen County's Project SEARCH Program.

Full Name:		Date of Birth:	
This consent will be in effect from:		Until (not to exceed 1 yr)	

Information to be released (check all that apply):

<input type="checkbox"/> Comprehensive Evaluation Report <input type="checkbox"/> Treatment Plans <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Lab Reports <input type="checkbox"/> Biopsychosocial History <input type="checkbox"/> Medical History <input type="checkbox"/> Exchange of Verbal Information <input type="checkbox"/> Consultations	<input type="checkbox"/> Diagnostic Summary <input type="checkbox"/> Medications <input type="checkbox"/> Developmental History <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Discharge/Aftercare Plan <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Progress Reports (past and current) <input type="checkbox"/> Other information as deemed appropriate, please attach list:
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I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me, and I understand its content.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	

Please forward information to the attention of:

Division of Vocational Rehabilitation Services (DVRS)
 ATTN: Jess Cole
 60 State St, Room 203
 Hackensack, NJ 07601

CONSENT FOR RELEASE OF INFORMATION

Division of Developmental Disabilities (DDD)

I authorize the Division of Developmental Disabilities (DDD) to release/obtain records for the purpose of Bergen County's Project SEARCH Program.

Full Name:		Date of Birth:	
This consent will be in effect from:		Until (not to exceed 1 yr)	

Information to be released (check all that apply):

<input type="checkbox"/> Comprehensive Evaluation Report <input type="checkbox"/> Treatment Plans <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Lab Reports <input type="checkbox"/> Biopsychosocial History <input type="checkbox"/> Medical History <input type="checkbox"/> Exchange of Verbal Information <input type="checkbox"/> Consultations	<input type="checkbox"/> Diagnostic Summary <input type="checkbox"/> Medications <input type="checkbox"/> Developmental History <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Discharge/Aftercare Plan <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Progress Reports (past and current) <input type="checkbox"/> Other information as deemed appropriate, please attach list:
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I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me, and I understand its content.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	

Please forward information to the attention of:

Division of Developmental Disabilities (DDD)
ATTN: Intake Unit
100 Hamilton Plaza, 7th Floor
Paterson, NJ 07505

Pre-ETS Student Referral

Pre-Employment Transition Services

Date _____

Referral taken by _____

*** = required field**

Last Name* _____

First Name* _____

Middle Name _____

Preferred Name _____

Previous Last Name _____

Previous First Name _____

Honorific (i.e., Jr., Sr., II, etc.) _____

Preferred Pronouns _____

Birth Date* _____

Gender* ☐ Male ☐ Female

☐ Do not wish to self-identify

Address

Home Address _____

City _____

State _____ ZIP Code _____

County* _____

☐ Check if Home and Mailing addresses are the same.

Mailing Address _____

City _____

State _____ ZIP Code _____

Participant Phone Numbers

Primary _____ Extn _____

☐ Voice ☐ Text ☐ V/P

Comments _____

Secondary _____ Extn _____

☐ Voice ☐ Text ☐ V/P

Comments _____

Your race/ethnicity (Check all that apply)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Do not wish to self-identify

Language(s)* (Check all that apply)

☐ English ☐ Spanish ☐ Vietnamese

☐ American Sign Language ☐ Braille

☐ Large Print English ☐ Other

Need Interpreter?* ☐ Yes ☐ No

Reported disability

Preferred communication format*

☐ Phone ☐ Email ☐ Mail

☐ Other _____

Alternate communication format*

☐ Phone ☐ Email ☐ Mail

☐ Other _____

Voter Registration*

☐ Currently Registered

☐ Not currently registered; do not want to apply

☐ Not currently registered; DO want to apply

☐ Not eligible to register

DVRS Use Only

Office _____ Responsible staff member _____ Caseload _____

Referral Source

Referral Source* _____

Referral Source Detail* _____

Last Name _____

First Name _____

Address _____

City _____

State _____ ZIP Code _____

Primary phone _____

☐ Voice ☐ TDD ☐ Fax

☐ Other _____

Secondary phone _____

☐ Voice ☐ TDD ☐ Fax

☐ Other _____

Email _____

Comments _____

Contacts (required if under 18 years old)

Salutation ☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name _____

First Name _____ M.I. _____

Honorific (i.e., Jr., Sr., II, etc.) _____

Contact Type ☐ Counselor ☐ Doctor ☐ Emergency

☐ Family member ☐ Guardian

Relationship _____

Address _____

City _____

State _____ ZIP Code _____

Phone - primary _____

☐ Voice ☐ TDD ☐ Fax

☐ Other _____

Phone - secondary _____

☐ Voice ☐ TDD ☐ Fax

☐ Other _____

Email _____

Other Comments _____

Additional Referral Information

What services are you interested in? Check all that apply.

☐ Counseling on opportunities for enrolling in comprehensive transition or postsecondary educational programs at college or university.

☐ Instruction in how to advocate for yourself (including person-centered planning). This may include mentoring from peers with disabilities working in competitive integrated employment.

☐ Job exploration counseling

☐ Workplace readiness training to develop social skills and independent living skills.

☐ Work-based learning experiences. This may include in-school or after-school opportunities, or experience outside the school setting (including internships) in a community environment that is as integrated as possible.

☐ Other Pre-ETS support service

Education

Enrolled in high school at time of referral? ☐ Yes ☐ No

High school graduate? ☐ Yes ☐ No

Name of current high school* _____

Location _____

Highest grade completed _____

What year will you graduate or exit high school? _____

Did you receive accommodations or learning supports while in high school? ☐ Yes ☐ No

What supports did you receive while in high school?

☐ 504 ☐ IEP ☐ None

Employment

Are you currently employed? ☐ Yes ☐ No

Additional Services

Are you receiving services from:

Division of Developmental Disabilities (DDD)

☐ Yes ☐ No

Commission for the Blind & Visually Impaired (CBVI)

☐ Yes ☐ No

Other agency/organization(s) _____

REQUEST FOR PRE-EMPLOYMENT TRANSITION SERVICES AND NOTIFICATION OF RIGHTS

I am requesting pre-employment transition services.
I understand that:

- Pre-employment transition services are not traditional vocational rehabilitation services.
- Participating in pre-employment transition services does not qualify me for vocational rehabilitation services, because the eligibility criteria are different.
- If I apply for vocational rehabilitation services before I receive pre-employment transition services, my pre-employment transition services may be delayed.
- Pre-employment transition services are limited services that DVRS can provide to a student with a disability.

A student with a disability is someone who:

1. Has a disability.
2. Is at least 14 years old and has not turned 22 years old.
3. Is currently attending or enrolled in an educational program. (This includes secondary education; non-traditional or alternative secondary education, including home schooling; and post-secondary education programs approved by the NJ Department of Higher Education. It also includes other recognized educational programs limited to those offered through the juvenile justice system, adult basic education programs such as GED or external diploma programs, and WTC career and technology training programs.)
4. Has not graduated, completed, exited, or withdrawn from their educational program.

Please submit referral via

email to: dvradmin@dol.nj.gov **or**

fax to: 609-292-8347 **or**

mail to:

DVRS

NJ Dept. of Labor & Workforce Development

PO Box 398

Trenton, NJ 08625-0398

INFORMATION GATHERING

- If you do not provide the requested documentation of disability, you may not receive pre-employment transition services.
- The information you provide is not available to the public unless you give written permission.
- The information you provide is shared with other government agencies only:
 - ♦ when needed to provide your benefits or services
 - ♦ when the agencies audit, evaluate or research the rehabilitation program (your confidentiality is kept safe), and
 - ♦ to get paid for services provided by third parties.

☐* I affirm that I am providing information that is true, correct and complete to the best of my knowledge.

☐* I understand that if I give DVRS untrue or fraudulent information, DVRS may not provide services or may discontinue them.

☐* I understand that pre-employment services provided by DVRS may not duplicate or supplant services that are already provided by local education agencies through the Individuals with Disabilities Education Act (IDEA).

If there is any information you do not understand, please do not sign this until discussing with your DVRS counselor (once assigned).

Student Signature

Date

Signature of Parent or Representative
(if student is in high school, under age 18, or has a legal guardian)

Date