



Potentially Eligible (PE) Request

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].
 Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

Legal First Name		Middle Initial	Legal Last Name	
Social Security Number - -		Date of Birth		
Address or PO Box				
City	State	Zip Code	County of Residence	
In which Wisconsin county would you like to receive services?				
E-mail Address				
Telephone Number			Cell Phone Number	
Do you give DVR permission to leave a message at the telephone numbers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your preferred method of contact? (only select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Other (Specify)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not to Identify				
Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Accommodation/Foreign Language Needs (check all that apply) <input type="checkbox"/> ASL Interpreter <input type="checkbox"/> Audio Taped Communications <input type="checkbox"/> Braille <input type="checkbox"/> Hmong <input type="checkbox"/> Large Print <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Spanish				
Comments:				

The student would like to learn more about the following Pre-ETS:

Job exploration counseling

Work-based learning experiences

Workplace readiness training to develop social skills and independent living

Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring

Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs

Verification of a disability (documentation may be needed and requested for the provision of services):

High School Student with an IEP High School Student with a disability but no 504 plan or IEP

High School Student with a 504 plan Postsecondary Student with a disability

School name: _____ District Name: _____

Section to be completed by the student or legal guardian

This signature below confirms permission and/or intent to participate in Pre-ETS services.

Guardian Name (if under 18 or court appointed)	Guardian Phone Number
Guardian Address (Including Agency, City, State, & Zip Code)	
Guardian E-Mail Address	
Student Signature (or Guardian Signature if under 18 or court appointed)	Date Signed

Section to be completed by referring educational agency- if applicable

Educational Agency Name	Educational Agency Phone
As a representative of the referring educational agency identified above, I certify the following:	
1. All the information and statements provided in Section I are true and correct to the best of my knowledge.	
2. The existence and availability of documentation supporting items checked in the verification of disability section.	
Representative Name (Please Print)	
Representative Signature	Date Signed

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Vocational Rehabilitation at (800) 442-3477 to request information in an alternate format, including translated to another language.