



Daim Ntawv Thov Yuav Muaj Feem Tau Txais Kev Pab POTENTIALLY ELIGIBLE (PE) REQUEST

Cov ntaub ntawv ntiag tug uas koj muab tej zaum yuav muab siv rau cov hom phiaj thib ob [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. Qhov muab koj tus Social Security Naj Npawb (SSN) yog nyob ntawm siab yeem; yog tsis muab kuj yuav ua rau txoj kev lis cov ntaub ntawv mus qeeb.

Lub Npe Siv Raws Cai	Tus Tsiaj Npe Ntawv Nruab Nrab	Lub Xeem Siv Raws Cai
Tus Social Security Naj Npawb - -	Hnub Yug	
Chaw Nyob los yog PO Box		
Nroog	Xeev	Zip Code
Lub County Koj Nyob		
Lub county twg hauv Wisconsin uas koj xav tau txais cov kev pab?		
E-mail Chaw Nyob		
Xov Tooj	Xov Tooj Ntawm Tes (Cell Phone)	
Koj puas tso cai rau DVR kaw lus rau hauv cov xov tooj uas muab teev saum toj no cia rau koj? <input type="checkbox"/> Tso cai <input type="checkbox"/> Tsis tso cai		
Koj yuav xav kom siv txoj kev twg hu los yog sau ntawv tuaj cuag koj? (tsuas kos rau ib qho xwb) <input type="checkbox"/> E-mail <input type="checkbox"/> Sau Ntawv Tuaj Rau Koj <input type="checkbox"/> Hu Xov Tooj <input type="checkbox"/> Lwm Yam (Piav Kom Meej) _____		
Poj Niam/Txiv Neej <input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam <input type="checkbox"/> Tsis Xav Qhia		
Haiv Neeg (kos rau tas nrho cov haiv neeg uas siv tau rau koj) <input type="checkbox"/> Dawb <input type="checkbox"/> Dub los yog African American <input type="checkbox"/> Esxias <input type="checkbox"/> American Indian los yog Alaska Native <input type="checkbox"/> Native Hawaiian los yog Other Pacific Islander		
Pawg Neeg – Koj puas yog Hispanic los yog Latino? <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog		
Kev Pab/Kev Pab Txhais Lus Txawv Teb Chaws (kos rau tas nrho cov kev pab uas koj xav tau rau qhov no) <input type="checkbox"/> Kws Txhais Lus Piav Tes (ASL Interpreter) <input type="checkbox"/> Kaws Lus Cia Mloog (Audio Taped Communications) <input type="checkbox"/> Braille <input type="checkbox"/> Lus Hmoob <input type="checkbox"/> Ua Kom Tus Tsiaj Ntawv Loj <input type="checkbox"/> Lwm Yam (Piav Kom Meej) _____ <input type="checkbox"/> Lus Mev		
Cov Lus Xav Hais:		

Tus me nyuam kawm ntawv xav paub ntiv txog cov Pre-ETS nram qab no:

Muab tswv yim pab txog kev nrhiav hauj lwm

Kev kawm kom paub hauj lwm

Kev cob qhia kom paub txog tej chaw ua hauj lwm kom paub txog kev fim neeg thiab nyob tau ib leeg tsis tos leej twg pab.

Lus qhia txog kev pab tswv yim rau tus kheej, nrog rau kev qhia txog kev npaj rau tus kheej thiab kev cob qhia los ntawm tej phooj ywg

Kev pab tswv yim txog kev rau npe mus kawm rau cov kev kawm ntawv qib siab/cov kev pab cuam txog kev kawm ntawv

Ntawv qhia muaj tseeb txog kev muaj mob xiam oob qhab (yuav tsum tau muaj ntaub ntawv thiab muaj ntaub ntawv thov kom muab cov kev pab):

Me Nyuam Kawm Ntawv High School muaj ib daim IEP

Me Nyuam Kawm Ntawv High School muaj ib tus mob xiam oob qhab tab tsis muaj ib daim 504 plan los yog IEP

Me Nyuam Kawm Ntawv High School muaj ib daim 504 plan

Me Nyuam Kawm Ntawv Qib Siab (Postsecondary Student) muaj ib tus mob xiam oob qhab

Tsev Kawm Ntawv Lub Npe:

Tsev Kawm Ntawv Cheeb Tsam (District) Lub Npe:

Tus me nyuam kawm ntawv los yog tus muaj cai saib xyuas ua kom tiav Nqe Lus (Section) no	
Qhov npe kos hauv qab no qhia muaj tseeb tias tau lus tso cai thiab/los yog npaj siab los mus koom rau hauv Pre-ETS cov kev pab.	
Tus Saib Xyuas Lub Npe (yog tsis tau muaj 18 xyoo los yog tsev txiav txim plaub ntug muab ib tug rau)	Tus Saib Xyuas Tus Xov Tooj
Tus Saib Xyuas Qhov Chaw Nyob (Nrog rau lub Chaw Khiav Hauj Lwm, Nroog, Xeev, & Zip Code)	
Tus Saib Xyuas Qhov E-mail Chaw Nyob	
Tus Me Nyuam Kawm Ntawv Kos Npe (los yog Tus Saib Xyuas Kos Npe yog tsis tau muaj 18 xyoo los yog tsev txiav txim plaub ntug muab ib tug rau)	Hnub Kos Npe

Section to be completed by referring educational agency- if applicable (Lub chaw khiav hauj lwm kawm ntawv uas ua ntawv xa mus ua kom tiav Nqe Lus (Section) no – yog muaj siv rau qhov no)

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 yog ib tus tswv hauj lwm thiab muab kev pab muaj vaj huam sib luag rau sawv daws. Yog koj muaj ib tus mob xiam oob qhab tsis taus thiab xav tau kev pab rau daim ntawv no, thov hu rau 7-1-1 rau Wisconsin Relay Service. Thov hu rau Division of Vocational Rehabilitation ntawm (800) 442-3477 mus thov kom muab daim ntawv no kho ua lwm hom kom koj nyeem tau, nrog rau qhov kom muab txhais ua lwm hom lus.

DVR-18207-H (R.07/2017) | Division of Vocational Rehabilitation: Ib tus khub koom hauj lwm tseem ceeb ntawm American Job Center Network