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Division of Rehabilitation Services

2301 Argonne Drive · Baltimore, MD 21218 · 410-554-9385 · Toll Free 888-554-0334 · Video Phone 443-798-2840

Hello, _____,

The purpose of this letter is to inform you and your family that because you work for _____ and you are earning less than minimum wage you must participate in career counseling provided by the Division of Rehabilitation Services (DORS).

You are required to do this because the Workforce Innovation and Opportunity Act (WIOA), a federal law, states that your employer may not pay less than minimum wage to a person with a disability who has not received career counseling. You must receive this service every year as long as you continue to be paid less than minimum wage by your employer. In Maryland, the Division of Rehabilitation Services (DORS) provides this career counseling.

DORS has made plans with your employer for you to receive this required career counseling during a group meeting. Family, guardians, or other people who are important to you are invited to participate with you in this career counseling if you like.

This career counseling will take about an hour and will occur:

Date: _____ **Time:** _____

Location: _____

You may choose not to receive this career counseling, but doing so may result in you no longer being about to work for your employer in the job where you earn less than minimum wage.

If you choose to attend: Complete the enclosed **Consent to Attend Career Counseling Form**. You must also fill out your name at the top of the enclosed **Verification of Attendance at Career Counseling Form**. Return both forms to your employer.

If you choose not to attend: Complete the enclosed **Career Counseling Refusal Form**.

Return this form to:

Racquel Moore
Division of Rehabilitation Services
2301 Argonne Drive
Baltimore, MD 21218
Fax: 410-554-9412 or Email: racquel.moore@maryland.gov

Enclosures: Consent to Attend Career Counseling
Verification of Attendance at Career Counseling
Career Counseling Refusal Forms

Consent to Attend Career Counseling Form

Employee:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date (mm/dd/yyyy): _____ Employment Start Date: (mm/dd/yyyy): _____

Employer Business Name: _____

- I authorize the release/exchange of written or electronic information between the Maryland Division of Rehabilitation Services (DORS) and subminimum wage employer for the purpose of documenting the requirements of 34 CFR 397 (Limitations on the Use of Subminimum Wage). This consent will expire in one-year or upon written request of the employee. This information will be kept on file by DORS and by the subminimum wage employer required to maintain this documentation.

Employee Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Guardian Name: _____

Guardian Not Applicable

Verification of Attendance at Career Counseling Form

Last Name: _____ First Name: _____ Middle Initial: _____

I received career counseling information on:

- Self-advocacy and self-determination
- The availability of benefits planning services
- Job exploration and information on the labor market
- Job requirements
- Accommodations and assistive technology
- Information and referral about other local employment-related resources

Proof of Career Counseling:

This form documents that the Maryland Division of Rehabilitation Services (DORS) provided me with career counseling and information and referral services on _____.
(date)

Employee Signature: _____ Date: _____

This Verification of Attendance at Career Counseling Form shall be provided to the employee as soon as possible, but no later than 45 calendar days after completion of the career counseling session.

For DORS Use Only

DORS provided a copy of this form to the employee on this day _____
by this method: Hand-delivery Fax Mail Email (date)

Verification Form Distribution Instructions: 1. Provide original of this Verification of Attendance at Career Counseling Form to the employee. This form and the date it is signed serve as documentation that the employee received career counseling and information and referral services from DORS. 2. Retain a copy of the Verification of Attendance at Career Counseling Form for DORS records. 3. Provide a copy of this Verification of Attendance at Career Counseling Form to the employer. Note: DORS shall not provide a copy for the employer unless authorized by this release.

DORS Staff Name: _____ Signature: _____ Date: _____

Career Counseling Refusal Form

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date (mm/dd/yyyy): _____ Employment Start Date: (mm/dd/yyyy): _____

Employer Business Name: _____

Description of Refusal (Select One):

- I, the employee, refuse to participate in the career counseling presentation and I understand that this means I may not be allowed to continue to work in my present job where I am earning less than minimum wage.
- I, the employee's guardian, refuse to have my ward participate in the career counseling presentation and I understand that this means he or she may not be allowed to continue to work in his or her present job where he or she is earning less than minimum wage.

Release of Information:

- I authorize the release/exchange of written or electronic information between the Maryland Division of Rehabilitation Services (DORS) and subminimum wage employer for the purpose of documenting the requirements of 34 CFR 397 (Limitations on the Use of Subminimum Wage). This consent will expire in one-year or upon written request of the employee.

Employee Signature: _____ Date: _____ Phone: _____

Guardian Signature: _____ Date: _____ Phone: _____

- Guardian Not Applicable

If you do not agree to be in the training, fill out this form and return to:

Racquel Moore
Division of Rehabilitation Services
2301 Argonne Drive
Baltimore, MD 21218
Fax: 410-554-9412 or Email: racquel.moore@maryland.gov

For DORS Use Only

DORS provided a copy of this form to the employee on this day _____
by this method: Hand-delivery Fax Mail Email _____ (date)

Refusal Form Distribution Instructions: 1. Provide original of the Career Counseling Refusal Form to the employee. This form and the date it is signed serve as documentation that the employee refused career counseling and information and referral services from DORS. 2. Retain a copy of the Career Counseling Refusal Form for DORS records. 3. Provide the employer a copy of the Career Counseling Refusal Form from the employee. Note: DORS shall not make copies for the employer unless authorized by this release.

DORS Staff Name: _____ Signature: _____ Date: _____