

Maryland State Department of Education
Division of Rehabilitation Services
DORS Intake Form

I am interested in:

- ☐ **Pre-Employment Transition Services** (Pre-ETS) for high school/college students aged 14-21.
☐ **Vocational Rehabilitation Services** with a goal of employment.

Social Security Number: _____ Birth Date: _____
Last Name: _____ First: _____ Middle: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____
County: _____

Phone: _____ ☐ Home ☐ Cell ☐ Work ☐ Other: _____
2nd Phone: _____ ☐ Home ☐ Cell ☐ Work ☐ Other: _____

Would you like DORS staff to send information/updates to you by text message ☐ Yes ☐ No

If yes, at what phone number? _____

Email Address: _____

What is your primary disability? _____

Contacts

List the people DORS can contact if we are unable to reach you using the information provided above.

Name: _____ Relationship: _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Phone: _____ Email: _____

Characteristics:

Gender: ☐ Male ☐ Female ☐ I do not wish to self-identify

Please identify your race/ethnicity (check all that apply): ☐ American Indian or Alaskan Native

☐ Asian ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ I do not wish to self-identify (**Note:** This option is only for individuals who are not enrolled in secondary school.)

Are you Hispanic or Latino? ☐ Yes ☐ No

What is your primary language? _____

Do you need an interpreter, large print, Braille, or other help to work with DORS? ☐ Yes ☐ No

If yes, please explain: _____

If you are not registered to vote, would you like assistance to apply to register to vote? ☐ Yes ☐ No

Note: Voter Registration status will not affect the amount of assistance that you will be provided by this agency.

- If you are a high school/college students aged 14-21 and only interested in receiving **Pre-Employment Transition Services (Pre-ETS)**: Complete and review this page.
- All other applicants: Skip to page 3.

If You Are Currently in High School:

What is your 10-digit Maryland State Student I.D.? _____

Current Grade: _____ School name: _____

What year will you graduate or exit school? _____ Will you receive ☐ Diploma or ☐ Certificate?

Are you receiving education services and support under a:

- 504 Accommodation Plan? ☐ Yes ☐ No
- Individualized Education Plan (IEP)? ☐ Yes ☐ No

I understand that Pre-Employment Transition Services (Pre-ETS) are limited services that DORS can provide to a student with a disability, and that a student with a disability is an individual who:

1. Has a disability.
2. Is at least 14 years old and has not turned 22 years old.
3. Is currently attending or considered enrolled in an educational program.

Educational program: Secondary education, non-traditional or alternative secondary education (including home schooling), post-secondary education programs approved by the Maryland Higher Education Commission, and other recognized educational programs limited to those offered through the juvenile justice system, adult basic education programs (i.e., GED or external diploma programs), and DORS Workforce & Technology Center (WTC) career and technology training programs.

4. Has not graduated, completed, exited or withdrawn from their educational program.

Request for Pre-Employment Transition Services and Notification of Rights

- I am requesting Pre-Employment Transition Services (Pre-ETS), and understand that Pre-ETS are not traditional vocational rehabilitation services.
- I understand that participating in Pre-ETS does not qualify an individual for vocational rehabilitation services as the eligibility criteria is different and applicants for vocational rehabilitation services are subject to DORS Order of Selection and wait list restrictions.
- If I wish to apply for vocational rehabilitation services, I understand that I may do at any time.
- I understand that if I choose to apply for vocational rehabilitation services prior to receiving Pre-ETS that I may be delayed in receiving Pre-ETS.

Before completing this form, please discuss with your DORS counselor any information you do not understand.

Signature of Parent or Representative: _____
(Parent/Guardian consent is required if the applicant is in high school, or is under age 18 or has a legal guardian)



**STOP HERE if you are only interested in
Pre-Employment Transition Services.**



➤ To request **Vocational Rehabilitation** services in order to become employed or keep a job: Complete this page and review page 4.

Disability Information

Are you currently under the care of a doctor, psychologist or therapist? ☐ Yes ☐ No

Provider Name/Practice: _____

Phone: _____ Fax: _____

Provider Name/Practice: _____

Phone: _____ Fax: _____

Provider Name/Practice: _____

Phone: _____ Fax: _____

How does your disability make it difficult for you to work, get the job you want, or be independent?

Do you use or need any assistive device or accommodation to help you function independently?

☐ Yes ☐ No If yes, please describe:

Do you have difficulty remembering, following instructions and/or staying on task? ☐ Yes ☐ No

Do you have difficulty reading or understanding written communication? ☐ Yes ☐ No

Do you need assistance with routine activities of daily living (hygiene, meal preparation, chores)?

☐ Yes ☐ No

Are you able to tolerate an 8-hour work day without requiring extra rest, adjustments or breaks?

☐ Yes ☐ No

Please describe any special needs or work-related concerns you may have (e.g., personal care assistance, child care, transportation, criminal background):

What do you hope to gain from participating in rehabilitation services?

Other comments, concerns or additional information:

Request for Vocational Rehabilitation Services and Notification of Rights

- I am requesting rehabilitation services and have been given a copy of the *Opening Doors to Employment, Informed Choice* and *Client Assistance Program* brochures.
- I understand my rights and responsibilities under this program.
- I understand that giving DORS untrue and/or fraudulent information may result in services not being provided or continued.
- By completing this form I give permission for DORS to verify my Social Security Disability Benefits (SSDI or SSI) recipient status.

Before completing this form, please discuss with your DORS counselor any information you do not understand.

Signature of Parent or Representative: _____
(Parent/Guardian consent is required if the applicant is in high school, or is under age 18 or has a legal guardian)

Information Gathering

- The principal purposes served by gathering information requested on the Application and individualized plan of services are to:
 1. Determine your eligibility for rehabilitation services.
 2. Plan your services.
- Refusal to provide the requested information will result in DORS finding you not eligible for services.
- You have a right to review, amend or correct the requested information under Maryland Annotated Code, State Government Article, Section 10-611-10-629.
- The requested information is not available for public inspection, unless you give written permission.
- The requested information is routinely shared with other governmental agencies when information is needed for you to obtain benefits or services; for audit, evaluation or research purposes connected with the administration of the rehabilitation program as long as confidentiality is safeguarded; and to obtain payment for services which have been provided when covered by third party resources.
- DORS requests the Social Security Number of applicants for services and uses it only for federal reporting purposes and, as applicable:
 1. Confirmation of Social Security benefits and presumption of eligibility.
 2. Financial transactions.