NEW JERSEY DIVISION OF
dvrs
Vocational Rehabilitation Services
"Your Career Starts Here"

OUT OF SCHOOL YOUTH EMPLOYMENT SERVICES (OSYES)
Referral Form - Fee for Service Vendors

Referred to: _____

Address:_____

Name: _____DOB: _ _ / _ _ /_ _ _ _

Social Security # _____

VR Counselor: _____Phone: _____DVRS Office: _____

Town & County of Residence: _____

Disability_____

Highest Grade Completed: _____

Name of Last School Attended:

_____

Address: _____

Town/City: _____ Zip Code: _ _ _ _ _ - _ _ _ _ County: _____

Please check applicable service (s).

- ☐ Job Exploration Counseling
- ☐ Counseling & Guidance on Post -Secondary Education Programs
- ☐ Work Placed Learning Experiences (internships, apprenticeships)
- ☐ Workplace Readiness Training
- ☐ Instruction in Self Advocacy

Parents/Guardians contact information: (if applicable)

Name: _____Relationship to Consumer:

_____ _____

Phone: _ _ _ -_ _ _ - _ _ _ _ Cell: _ _ _ - _ _ _ - _ _ _ _ Email: _____

Home Address: _____

Town _____Zip Code: _ _ _ _ _ - _ _ _ _

Name: _____Relationship to Consumer: _____

Phone: _ _ _ -_ _ _ - _ _ _ _ Cell: _ _ _ - _ _ _ - _ _ _ _ Email: _____

Home Address: _____

Town _____Zip Code: _ _ _ _ _ - _ _ _ _

Please check the records forwarded to the vendor:

☐ IEP/IPE ☐ VR/Job Dev. History ☐ Psychological Evaluation

☐ Audiogram Report ☐ School Records ☐ Criminal Background Check

☐ Psych/Substance Abuse History ☐ Voucher # _____ ☐ Other: _____

Service Category (s): _____ # Hrs: _____
_____ _____

Summary of specific needs to address: _____

_____

_____

_____

_____

_____

_____

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** Please attach additional documentation as needed*