

**Division of Vocational Rehabilitation Services (DVRS)
New Jersey Department of Labor
921 Elizabeth Avenue, 3rd Floor
Elizabeth, NJ 07201-2306
(908) 965-3940**

Contact: Ms. Esther Phillip
Esther.Phillip@dol.nj.gov

http://careerconnections.nj.gov/careerconnections/plan/foryou/disable/vocational_rehabilitation_services.shtml

DVRS is a state agency that helps people with disabilities prepare for, obtain, and maintain their jobs. The DVRS Rehabilitation Counselors are trained to assist their clients in obtaining competitive employment within the community.

Eligibility:

DVRS defines an appropriate referral as: "A person with a disability, who has a physical or mental impairment which is a substantial impediment to employment and that, without further services, will interfere with his or her ability to work." This generally means that the client may need further assistance after graduation in order to obtain/maintain competitive employment in the community.

How to Apply:

Within two years of graduation or exit from the school system, a formal referral to DVRS may be made. District personnel must obtain the one-page Referral Form, along with a notarized Release of Information (ROI) (please see attached), from the parent/guardian/student in order to share any school records with DVRS. Once received, the Child Study Team (CST) Case Manager will then submit to DVRS the student's information, including the DVRS Referral Form/ROI, as well as the student's most recent IEP and the Psychological/Educational/Social/Vocational Evaluations, if available. DVRS will then send a letter to the student/parent/guardian within two weeks, and they may then set up an appointment to determine eligibility (generally determined within a 60-day period).

Services Offered to Students with Disabilities:

The DVRS counselor and the student may together develop an Individualized Plan for Employment (IPE), which is a long-range vocational goal and the strategies/activities needed to achieve that goal. These may be developed prior to graduation, but no actual supports will be implemented by DVRS until after the student has received a high school diploma. Services offered by DVRS may include diagnostic evaluation, individual vocational counseling/guidance, job seeking skills training/job placement, follow-up services, post-employment services, physical restoration, and vocational, professional, job coaching, and/or on-the-job training. **In some cases, DVRS may be able to assist the student in funding their postsecondary education.**

Fees for Service:

Diagnostic evaluation, counseling/guidance and job placement services may be provided at no cost to the client. Expenses for medical services, training, books, supplies, tools, and/or equipment are based on the individual's ability to pay, but the financial criteria used by DVRS to determine eligibility for these services are sometimes less restrictive than those of many other agencies.

Please contact your DVRS Rehabilitation Counselor for more information.

(Updated 9/2018)

**Township of Union Public Schools
Department of Special Services**
2155 Morris Avenue, Union, NJ 07083
(908) 851-6479 FAX (908) 851-6881

Ms. Kim Conti
Director

Mr. Joseph Seugling
Supervisor

Ms. Latesha Jenkins
Supervisor

Release of Information – Notary Needed

Please be advised that the attached "Authorization for Release of Information" must be notarized in order for the Township of Union School District, Department of Special Services, to release student records.

You may have the papers notarized by anyone who is qualified to do so, as well as an attorney (as long as they are not notarizing their own signature). If the student is over 18 years old, it is their signature that is required, unless guardianship has been legally obtained or an adult consent form was previously signed and notarized by the over 18 student.

To find a notary, you may contact your local bank or the Township of Union Clerk's Office, 1976 Morris Ave, Union, NJ 07083. Their office is open to the public Monday-Friday from 8:30 – 4:30pm; please call them at (908) 851-8501 to set up an appointment.

If you have any questions regarding the notary process, the Division of Children and Families (DCF), the Division of Developmental Disabilities (DDD), and/or the Division of Vocational Rehabilitation Services (DVRS), please contact your Child Study Team (CST) Case Manager or one of the Transition Coordinators for the Township of Union School District:

**Sarah McCulloh: (908) 851-4431
Vanessa Tuohy: (908) 841-6538**

**Room #L112
Union High School
2350 North Third Street
Union, NJ 07083**

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned does hereby release and discharge the Board of Education of Union, Union County, New Jersey and all of its agents, servants, employees, members, and consultants from any liability of any type, and hereby authorizes the said Board of Education, its agents, servants, employees, and consultants to release/or obtain information and/or records concerning:

_____ (student's
name)

a pupil (or former pupil) enrolled in the schools operated and administered by the Board of Education of Union.

The Board of Education, its agents, servants, employees, or consultants, are hereby authorized and requested to release, speak with or obtain information and/or records from:

DVRS - Division of Vocational Rehabilitation Services
921 Elizabeth Ave, 3rd Floor
Elizabeth, NJ 07201-2306

all records or information requested, whether of a medical, psychiatric, or psychological nature.

If this RELEASE is not being executed by a pupil who has attained legal majority, the person executing same represents that he/she is a parent, guardian, or other person having control of the pupil, and agrees to indemnify the said Board of Education, its agents, servants, employees, members, or consultants against any liability that may accrue to them for releasing the records authorized to be released by this instrument.

SIGNATURE (student, if over 18)

SIGNATURE (parent/guardian)

- must be notarized -
Sworn and subscribed before
me this _____ day of
_____, 20____



CONFIDENTIAL REFERRAL FORM (student's information please)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____ Social Security #: _____

Age: _____ Sex: _____ DOB: _____

Highest Grade of School Completed: _____

What is your Disability: _____

Are you physically able to come to this office? Yes _____ NO _____

Have you ever applied to DVRS before? Yes _____ NO _____

If Yes, where? _____ When? _____

Do you speak English? Yes _____ NO _____

Referred by: _____

Address: _____ Telephone#: _____

Please return this form, along with the signed/notarized Authorization to Release Information, to your Child Study Team (CST) Case Manager. Thank you.