**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

**4812 W. Pfeiffer Road Bartonville, IL 61607**

**Phone: (309) 697-0880 Fax: (309) 697-0884**

**STATE OF ILLINOIS DEPARTMENT OF REHABILITATION SERVICES REFERRAL CONTACT**

*PLEASE COMPLETE ALL SECTIONS AND PROVIDE ACCURATE INFORMATION*

| Program (check one): | | | | | | | X VR | | ☐ HSP | | | ☐ TLP | | | | | ☐ CSVH | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | | | | Method of Contact: | | | |  | | | | | | | | | | | |
| Name: Last | | | |  | | | | | | | | First |  | | | | | | | | Middle | |  | |
| DOB: |  | | | | | | | Age: | |  | Sex: |  | SSN: | | |  | | | | | | Current Grade: | |  |
| Address: | | |  | | | | | | | | | | | | | | City/Zip: |  | | | | | | |
|  | | |  | | | | | | | | | | | | | | County: |  | | | | | | |
| Student Phone: | | |  | | | | | | | | | | | | | | Student  Email: |  | | | | | | |
| Parent/Guardian Name: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Phone: | | | | | |  | | | | | | | | | | | Parent/Guardian  Email: | | |  | | | | |
| Reported Disability: Primary: Secondary: Veteran: ☐ Yes ☐ No | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Referral: **Needs support obtaining and maintaining employment** | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source:  **IEP Team** | | | | | | | | | | | | | | Other Means of Contact: | | | | | | | | | | |
| Employment Status (If applicable to program):  ☐ Unemployed ☐ Employed ☐ Full Time ☐ Part Time ☐ Never Employed ☐ Self-Employed ☐ Student | | | | | | | | | | | | | | | | | | | | | | | | |
| SSDI Status:  ☐ Applied For ☐ Receiving ☐ Denied | | | | | | | | | | | | | | SSI Status:  ☐ Applied For ☐ Receiving ☐ Denied | | | | | | | | | | |
| Case managers/parents please provide copies of…  ☐ Current IEP ☐ Last re-evaluation ☐ Birth Certificate ☐ School Physical  ***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*STUDENT AND PARENT\*\*\*PLEASE SIGN BELOW\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**** | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Yes, Ihereby give consent (permission) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to receive and participate in vocational rehabilitation services that will lead to work experience and employment potential. I have verified that all the information provided on this form is correct and required to participate in the STEP Vocational Program. | | | | | | | | | | | | | | | | | | | | | | | | |
| Student signature: | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| Parent signature: | | | | | | | | | | | | | | |  | | | | Date: | | | | | |
| ***IMPORTANT:*** | | | | | ***Submission of this form must also accompany SEAPCO Permit to Release or Obtain Information (See below), Birth Certificate, and most recent physical exam.*** | | | | | | | | | | | | | | | | | | | |
| ***SUBMIT TO:*** | | | | | ***Jodie Vanderheydt***  ***SEAPCO***  ***4812 W. Pfeiffer Rd.***  ***Bartonville, IL 61607***  ***Phone: 309-697-0880 Fax: 309-697-0884***  ***Email: jvanderheydt@seapco.org*** | | | | | | | | | | | | | | | | | | | |

SEAPCO Form #600 SOI DRS Referral Contact (08/30/22)

| **SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**  **4812 W. Pfeiffer Road**  **Bartonville, IL 61607** |
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**PERMIT TO RELEASE OR OBTAIN INFORMATION**

| **STUDENT’S LEGAL NAME:** | | | |  | | | | **DATE OF BIRTH:** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| **STEP #1: PERSON COMPLETING FORM:** | | | | | | | | | |
| Name and/or District: | | | | | | | | | |
| Fax #: | | | | | Phone #: | | | Date of Request: | |
|  | | | | | | | | | |
| **STEP #2: SELECT THE INFORMATION TO BE OBTAINED/RELEASED: *(please check all that apply)*** | | | | | | | | | |
| ☐ Psychological | | | ☐ Social Development | | | ☐ IEP Eligibility | | ☐ Physical and/or Occupational Therapy | |
| ☐ Speech & Language | | | ☐ Medical/Health | | | ☐ Phone Consultation Only | | ☐ Other (please list): | |
|  | | | | | | | | | |
| **STEP #3: OBTAIN RECORDS FROM: *(please check one)*** | | | | | | | | | |
| **X** SEAPCO | |  | | | | | | | |
| ☐ School – Name: | |  | | | | | | | |
| Address/City/Zip: | |  | | | | | | | |
| ☐ Other – Name: | |  | | | | | | | |
| Address/City/Zip: | |  | | | | | | | |
|  | | | | | | | | | |
| **STEP #4: RELEASE RECORDS TO:** | | | | | | | | | |
| **X** | Todd Welton  Division of Rehabilitation Services (DRS)  1 Technology Plaza Suite 207  Peoria, IL 61602  Phone: 671-8763 Fax: 671-7746  Email: Todd.Welton@illinois.gov | | | | | | | | |
|  | | | | | | | | | |
| **STEP #5: SIGNATURE(S)** | | | | | | | | | |
| *I understand that I may review this information. I know that I may inspect and copy the records in my child’s file and that I have the right to challenge the content of the file. Consent is valid for six (6) months from date of signature below.* | | | | | | | | | |
| Parent/Guardian Name (please print) | | | | | | | Parent/Guardian Signature Date | | |
| ***NOTE: Psychological Report requests ONLY,***  ***student’s signature must be obtained (age 12 & up)*** | | | | | | | Student’s Signature Date | | |

SEAPCO Form 765-ORS Permit to Release or Obtain Information (08/23/17)