**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/GuardianEmail: |  |
| 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 WeltonDivision of Rehabilitation Services (DRS)1 Technology Plaza Suite 207Peoria, IL 61602Phone: 671-8763 Fax: 671-7746Email: 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)