

# Kentucky Office of Vocational Rehabilitation

## Verification for Subminimum Wage Employees

### Instructions

#### Purpose

The purpose of this form is to fulfill the requirements of the Workforce Innovation and Opportunities Act (WIOA) by checking with employees in sheltered workshops and see if they want to apply for Vocational Rehabilitation services to assist them in finding employment that qualifies as Competitive Integrated Employment (CIE).

### Consumer Information

<b>Name</b>	Enter the name of the individual
<b>Street Address</b>	Enter the street address of the individual
<b>City</b>	Enter the city in which the individual resides
<b>State</b>	Enter the state in which the individual resides
<b>Zip Code</b>	Enter the zip code of the individual's residence
<b>Birthday</b>	Enter the date of birth of the individual

### High School

**Transition Service under IDEA**

Select Yes or No for whether the individual is receiving transition services under IDEA

**Pre-Employment Transition Services (Pre-ETS)**

Select Yes or No for whether the individual is receiving Pre-Employment Transition Services (Pre-ETS)

**Vocational Rehabilitation**

**Applied for Services Date**

Enter the date that the individual applied for vocational rehabilitation services

**Ineligible Date**

Enter the date that the individual was determined ineligible

**Eligible Date**

Enter the date that the individual was determined eligible

**Successful Closure Date**

Enter the date of the individual's successful closure

**Unsuccessful Closure Date**

Enter the date of the individual's unsuccessful closure

**Does that want VR services at this time**

Check the box if the individual does not want VR services at this time

**Description of Refusal or Reason for Refusal**

Enter the description for the individual's refusal or their reason for refusal

**Career Counseling Provided Date**

Enter the date that career counseling was provided to the individual

**Resources Provided (Attach copies if applicable)**

Enter what resources were provided to the individual and attach copies of the resources if that is applicable

**Documentation Submitted to**

Enter the name of the individual that the documentation was submitted to

**Date of Delivery**

Enter the date of delivery of the documentation

**Method of Delivery**

Check the appropriate method of delivery (hand delivered, mail, fax, email) or enter another method after other

## Office Information

**Counselor Printed Name**

Enter the counselor's name (please print or type)

**Office Location**

Enter the location of the counselor's office

**Phone Number**

Enter the phone number of the counselor

**Signature of Counselor**

Enter the signature of the counselor

**Date of Counselor's Signature**

Enter the date of the counselor's signature