



State of Illinois
Department of Human Services - Division of Rehabilitation Services
Consent For Services

I hereby give consent (permission) for Michele Cave to receive and participate in vocational rehabilitation services that will lead to employment.

(Parent or Guardian Signature)

(Date)



Division of Rehabilitation Services REFERRAL & INTERVIEW

First Name:

Middle Initial:

District:

County:

Veteran (Y/N):

Migrant Worker (Y/N):

no

Other Program Codes:

Date of Referral:

reason for referral: *Transition Services.*

Social Security Number:

Age/Date of Birth:

Gender:

Disability Code:

Referral Source:

Lake Park HS, District 108

Address:

Phone:

Alternate Address:

Alternate Phone:

Accommodation or Language Needs: