

DUE MAY 1ST



2026 YES PROGRAM APPLICATION

About the program: The YES Program is a Career Exploration and Cultural Education program for youth ages 14-17 who are tribal members, descendants or non-Native youth who have parents/guardians that are employed through the St. Croix Tribe. The program includes 5-6 weeks of job-shadowing and education. Career Exploration Days takes place two days per week and Education Day takes place once per week.

Application: All forms must be submitted by May 1st. Late applications and applications missing any of the required information will NOT be accepted. **Please ensure your application is complete and includes the following:**

- YES Program Application (Part 1, 2,3 & 4)
- W-9 form, I-9 & W-4 form
- Department of Vocational Rehabilitation Potentially Eligible Form with appropriate signatures (PE Form)

Job Placement Options: Students check boxes in Part 2 of the application to indicate their interest in job placements. Job Placements are assigned based on the order that applications are received and by their indicated interest. If no boxes are checked, students will be assigned their job-placement based on availability.

Acceptance Notification & Mandatory Orientation: A formal acceptance letter and invitation to the Mandatory Orientation Day (June 9th 2026) will be sent to the address provided on the form. Students **MUST** attend the Mandatory Orientation day and **MUST** be accompanied by a parent/guardian.

Transportation: Youth and/or parents/guardians are solely responsible for transporting youth or arranging transportation to the Mandatory Orientation, Career Exploration Days and the Education Days. Transportation on Career Exploration Days and Education Days may be available through your Community Coordinator or Transporter by request.

Time & Attendance:

Timesheets are provided to students during orientation and copies are available during Education Days. Timesheets are due at 3pm on Career Exploration Days to your Job Placement Supervisor. A detailed schedule will be provided with the Acceptance Notification. Students are expected to attend all 3 days each week, if a student does not attend, the student's stipend will be deducted to reflect the amount of time they were absent.

Scholarship & Credit: Students who submit a weekly timesheet will receive a monetary scholarship each week. Checks are typically dispersed during Education Day. Students must cash their checks on their own time, check cashing is not organized by the YES Program. In addition to the scholarship, students can also request to receive community service credits for participation in the program.

Submission: Submit Applications by May 1st to Laura Merchant

Mail: St. Croix Tribal Ed. Attn Laura Merchant
24663 Angeline Ave
Webster WI 54893

Physical Drop-off: St Croix Tribal Education
4424 Angeline Ave
Webster WI 54893

Scan/Email: lauram@stcroixojibwe-nsn.gov

Questions? Call: 715-349-2195 Ext 5105

KEEP THIS PAGE FOR YOUR RECORDS

DUE MAY 1ST



YES PROGRAM APPLICATION

Part 1: Fill out the following questions completely!

Full Name _____
First Name Last Name M.I

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

School Attended _____ Grade Next Fall _____ Age _____

Does the youth have an active Truancy Case with St. Croix Tribal Court?(Circle) YES NO

Parent/Guardian Name _____

Parent Phone Number _____

Parent Email Address _____

Youth Phone Number _____

Youth Email Address _____

Youth's Tribal Affiliation (name of the tribe) _____

- Enrolled (is an enrolled member)
- Descendant (child/ward of a parent/guardian, grandparent, etc who is a member)
- Parent/Guardian is an Employee at St. Croix Tribe

St. Croix Tribal Community of Residence (if off-reservation, check the box for the community in closest proximity to the student's home)

- Danbury
- Sand Lake (Bashaw, Gaslyn)
- Maple Plain
- Round Lake

DUE MAY 1ST



Part 2: From the list of opportunities below, please select at least 3 options by checking the boxes then circle the opportunity that you are most interested in.

- Frederic Design Store Assistant (2 positions)** - Frederic WI | Youth will assist with creating merchandise displays and other steps in clothing embellishing and with light cleaning and other tasks as assigned.
- Larsen Family Public Library Assistant (1 position)** - Webster | Youth will assist the Library Director and other staff with shelving books, checking in/out books, and preparing for library programming.
- Maple Plain Community Center (5 positions available)** Cumberland WI | Youth will assist the Community Coordinator and other staff with planning and preparing for community activities, and perform light maintenance, lawn care, and other tasks as assigned. This job requires frequent work outside including maintenance tasks and general lawn care.
- Maamigin Bead Store** - Siren WI | Youth will assist Maamigin Staff with store operations such as ordering, stocking, cashiering, event coordination, and more.
- Siren Pharmacy Assistant (1 position)** - Siren WI | Youth will shadow pharmacy staff; experiencing patient/pharmacist communications, questions, prescription processing, workflows, and clinical decision making in day to day work Youth will participate in clinic outreach and teamwork in healthcare.
- St. Croix Tribal Clinic Pharmacy Assistant (1 position)** St. Croix Tribal Clinic - Hertel WI | Youth will shadow pharmacy staff; experiencing patient/pharmacist communications, questions, prescription processing, workflows, and clinical decision making in day to day work Youth will participate in clinic outreach and teamwork in healthcare.
- St. Croix Tribal Aging/Elder Care Assistant (2 positions)** St. Croix Tribal Center - Hertel WI | Youth will assist the Aging Department Staff with program creation and implementation to serve St. Croix Tribal Elders.
- St. Croix Tribal Education Assistant (5 positions)** Education Building - Hertel | Youth will assist the Education Staff with tasks such as building set-up/clean-up for events/activities, organization, gardening, and other tasks as assigned. This position also offers opportunities for work based learning relating to culture, food sovereignty, and Ojibwe Arts.
- St. Croix Tribal Education Language Trainee (4 positions)** Education Building - Hertel | Youth will assist the Language department with language learning initiatives, content creation, and hands-on work-based learning relating to Ojibwemowin.
- St. Croix Tribal Elder Outreach Assistant (4 positions)** Education Building - Hertel | Youth will assist the Education Staff with outreach to elders in need. This job requires frequent work outside..
- St. Croix Tribal Public Health Assistant (1 position)** St. Croix Tribal Clinic - Hertel WI | Youth will participate in work related to Public health: the science of protecting and improving the health of people and their communities. Youth will work to promote healthy lifestyles, research disease and injury prevention, and detection, prevention and response to infectious diseases. This involves studies, community surveys, community education, and attending Elders luncheons.
- St. Croix Tribal Reception Assistant (1 position)** St. Croix Tribal Center - Hertel WI | Youth will assist the reception and security staff by taking calls, greeting community members/the public, referring visitors to tribal departments or services, and other tasks as assigned.
- UW Barron County/Eau Claire College Course (10 participants)** Education Building, Hertel | This class is TBD, but has the potential for up to 4 college credits in coursework related to college readiness and Native American Studies, etc.
- Content Creator UW Extension (5 positions)** Education Building, Hertel| Youth will participate in work related to media communication such as video production and podcast creation. Students will work alongside UW Extension staff to identify topic areas of interest through field trips, hands-on activities, and collaborating with Tribal departments.
- Check this box if you'd like to work somewhere else, please describe the type of work you are interested in:** _____

DUE MAY 1ST



CERTIFICATE OF HEALTH

This certificate is designed to provide the YES Program staff with information concerning your child's health and general welfare. The information provided on this certificate will be used only for the student's safety and welfare while attending YES programming whether on-site or during any activity.

YES Participant Name

Age

Date of Birth

Emergency Contact

Relationship

Phone Number

Emergency Contact

Relationship

Phone Number

Does your child have a history of any of the following? If so, please provide an explanation, including any currently prescribed medication or procedures needed.

1. No Yes Heart Disease (e.g., Mitral Valve Prolapse, Murmur)
2. No Yes Lung Disease (e.g., Asthma, Tuberculosis)
3. No Yes Neurological (e.g., Seizures, Migraine)
4. No Yes Mental (e.g., Nervousness, Angry Outbursts)
5. No Yes Unconsciousness (e.g., Passing Out, Head Injury)
6. No Yes Hearing Loss
7. No Yes Anemia/Sickle Cell Disease or Trait
8. No Yes Rheumatic Fever
9. No Yes Past surgeries or hospitalizations
10. No Yes Lengthy illness
11. No Yes Visual problems
12. No Yes Physical limitations
13. No Yes Current medications
14. No Yes Injuries or broken bones in the following body areas

Neck Collar Bone Shoulder Chest Ribs Back
 Arm Elbow Wrist Hand Pelvis Leg Ankle

Please continue to add any pertinent information for any item marked "Yes" above or as required.
Information regarding Past and Present History of Illness, Injury or Health Conditions:

Please list any allergies to food, medications, plants, dust, and etc.

Please list any restrictions related to participating in sports activities (e.g., running, swimming).

Please list any injuries or conditions not listed above.

DUE MAY 1ST



Please list any over the counter medication (acetaminophen, tylenol, benadryl, etc) that your child may receive if needed during the YES Program. If you DO NOT authorize the administration of over the counter medication please write "None".

Please list any prescription medications or medical devices that your child will have in their possession during the hours of the YES Program. All medications must be accompanied by a signed letter from a physician explaining dosage and any instructions for YES Program staff if they are to be administered during the program. Student medications must be disclosed if they are to be dosed during the hours of the YES Program.

By signing below I _____(parent/guardian name) certify the following:

I certify that the information provided is true and that the student named above on this certificate is in good health and able to take part in the YES Program activities with the exceptions of the above stated restrictions.

I understand that no physician or nurse is available on-site during the YES Program.

I give permission for limited treatment for minor illnesses and/or injuries such as and not limited to basic first aid care and the over the counter medications that I have authorized above.

I understand that in the case of any emergency, my child will be referred to the nearest medical facility for care at the expense of the parent/guardian and/or under coverage provided by the student's health insurance.

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)

Date Sign

MEDIA RELEASE FORM

(Sign and Return to the YES Program Coordinator)

For permission to record, photograph, and use for press release, recruitment materials, etc.

YES Participant (Printed Name)

YES Participant Date of Birth

By signing below I _____(parent name) certify the following:

I grant permission to the YES Program hosted by St. Croix Tribal Education Department to take videotapes and/or photographs of the above named student.

I grant permission for these images to be shared with External Partners, Collaborators and Presenters for the same purpose stated above.

I further authorize the use of such recordings, videotapes and/or photographs for brochures, press releases or other recruitment materials without prior inspection on my part.

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)

Date Signed

DUE MAY 1ST



TRANSPORTATION PERMISSION FORM

By signing below I _____ (parent/guardian name) certify the following: I hereby give permission for my child to ride in any vehicle driven by a licensed contracted bus driver, adult chaperone or St. Croix Tribal Education Staff member who maintains approval on the St. Croix Tribal Driving List while attending and participating in the YES Program. I certify that my child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

YES Student Participant (Printed Name)

YES Student Participant Date of Birth

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)

Date Signed

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

This Indemnity Agreement (the "Agreement") is made and entered into on the date this Liability and Indemnity Agreement is signed (the "Execution Date") by and between the St. Croix Chippewa Indians of Wisconsin (the "Tribe") through the St. Croix Tribal Education Department and

NAME: _____ either on behalf of themselves or their children (the "Participant"). Collectively, the "Parties". In consideration and as a condition of the Tribal Council and the Participant entering into this Agreement, the two parties agree as follows:

- 1. The Participant is either participating in an event hosted by the St. Croix Tribal Education Department themselves or are allowing their children to participate in an event hosted by the St. Croix Tribal Education Department. The Participant agrees to abide by all rules, warnings, or oral instructions or directions given by the St. Croix Tribal Education Department, or their representatives during the course of a hosted event. The Participant understands that although these rules intend to keep all individuals attending the event safe, unexpected or uncontrollable incidents may occur which could result in risk of bodily injury, death, or property damage.
2. The Participant shall hold harmless and indemnify the Tribe, the St. Croix Tribal Education Department, and its affiliates against any and all claims and actions arising out of this Agreement, including without limitation, expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from this Agreement.
3. The Participant hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise while in, about or upon the premises of the Tribe and/or while using the premises or any facilities or equipment thereon.
4. The Parties further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Tribe and the State of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. The undersigned has read and voluntarily signed the release and waiver of liability and indemnity agreement and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.
6. The undersigned further agrees that this release and waiver of liability and indemnity agreement shall remain in effect for as long as the Participant attends events hosted by the St. Croix Tribal Education Department or until the Participant revokes this agreement in writing.

Participant or parent/guardian Signature _____ Date: _____

Participant Printed Name _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a) \$	
	(b) Multiply the number of other dependents by \$500	3(b) \$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here			3 \$
Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):								
	<input type="checkbox"/> 1. A citizen of the United States								
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)									
If you check Item Number 4., enter one of these:									
USCIS A-Number		OR		Form I-94 Admission Number		OR		Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Potentially Eligible (PE) Request

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].
 Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

Legal First Name		Preferred First Name		Middle Initial
Legal Last Name		Social Security Number - - -	Date of Birth	
Address or PO Box				
City	State	Zip Code	County of Residence	
In which Wisconsin county would you like to receive services?				
E-mail Address				
Telephone Number			Cell Phone Number	
Do you give DVR permission to leave a message at the telephone numbers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your preferred method of contact? (only select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Telephone <input type="checkbox"/> Text Message				
Is there someone you want included in the scheduling of appointments during the referral/application process due to your disability? Please provide contact information below for the person. Appointment Contact Name: Appointment Contact Relationship: Appointment Contact Phone Number: Appointment Contact Email Address:				
Accommodation/Foreign Language Needs (check all that apply) <input type="checkbox"/> ASL Interpreter <input type="checkbox"/> Audio Taped Communications <input type="checkbox"/> Braille <input type="checkbox"/> Hmong <input type="checkbox"/> Large Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Spanish Comments:				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not to Identify				
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Identify				
Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Identify				
The student would like to learn more about the following Pre-ETS: <input type="checkbox"/> Job exploration counseling <input type="checkbox"/> Work-based learning experiences <input type="checkbox"/> Workplace readiness training to develop social skills and independent living <input type="checkbox"/> Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring <input type="checkbox"/> Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs				

Verification of a disability (documentation may be needed and requested for the provision of services):

High School Student with an IEP High School Student with a disability but no 504 plan or IEP
 High School Student with a 504 plan Postsecondary Student with a disability

School Name: _____ District Name: _____

Section to be completed by the student or legal guardian

This signature below confirms permission and/or intent to participate in Pre-ETS services.

Guardian Name (if under 18 or court appointed)	Guardian Phone Number
--	-----------------------

Guardian Address (Including Agency, City, State, & Zip Code)

Guardian E-Mail Address

Student Signature (or Guardian Signature if under 18 or court appointed)	Date Signed
--	-------------

Section to be completed by referring educational agency- if applicable

Educational Agency Name	Educational Agency Phone
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As a representative of the referring educational agency identified above, I certify the following:

1. All the information and statements provided in Section I are true and correct to the best of my knowledge.
2. The existence and availability of documentation supporting items checked in the verification of disability section.

Representative Name (Please Print)

Representative Signature	Date Signed
--------------------------	-------------

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Vocational Rehabilitation at (800) 442-3477 to request information in an alternate format, including translated to another language.

DVR-18207-E (R. 08/2022)