**DHS/DRS Direct Transition Referral Form**

**FY 20**

**(THIS FORM MUST BE COMPLETED IN FULL BEFORE SUBMITTING TO DRS)**

**Date:**

|  |  |
| --- | --- |
| **Name:**  | **DOB:**  |
| **Address:** | **Social Security Number:** |
| **City:**  | **State:** | **Receiving SSI: Yes\_\_\_\_\_ No \_\_\_\_\_\_** |
| **Zip:**  | **Phone #:** | **Receiving SSDI: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_** |
| **Cell #:**  | **Primary Disability:**  |
| **Secondary Disability:**  |

|  |  |
| --- | --- |
| **Current HS:**  | **Graduation Year: \_\_\_\_\_\_\_\_\_\_\_** |
| **Student currently receiving IEP Services:** | **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_** |
| **Name of Referring Source:** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Requested Services: Training Employment Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit form to:**

**James Kolzow- DRS Counselor**

**2970 Court Street**

**Pekin, IL 61554**

**309.353.5996**

**james.kolzow@illinois.gov**