



484 Main St. Suite 345, Denholm Building, Worcester, MA 01608

Voice (508) 798-0350 Toll Free (800) 570-4020

TTY (508) 755-1003 VP (508) 762-1164

Facsimile (508) 797-4015

Website: www.centerlw.org

Pre-Employment Transition Services Application

In order to apply: All interested students must be 14-21 in high school or secondary-education with a disability. All applicants must have documentation to verify their disability, one of the following documentations will be required: 504, IEP, or Medical forms. If you require assistance or reasonable accommodations in completing this form, please contact Erica Torres, Youth Services Manager (508) 755-1746.

STUDENT'S INFORMATION

Date:

Name:

Date of Birth:

Social Security Number:

Street Address:

City:

State:

Zip Code:

Cell Phone:

E-Mail:

Parent/Guardian Name:

Relationship:

Street Address:

City:

State:

Zip Code:

Cell Phone:

E-Mail:

Other Emergency Contact Name:

Relationship:

Street Address:

City:

State:

Zip Code:

Cell Phone:

E-Mail:

DISABILITY

Primary Disability:

Secondary Disability:

SCHOOL INFORMATION

High School/Postsecondary Education School Name:

Grade:

Anticipated Graduation Date:

Are you receiving educational services under a 504 Accommodation Plan and can provide documentation?

Yes

No

Are you receiving educational services and under an Individualized Education Plan (IEP) and can provide documentation?

Yes

No

MASSACHUSETTS REHABILITATION COMMISSION (MRC) Do you have an active MRC Case and MRC Counselor?

Yes

No

If "Yes" to above, indicate your MRC Counselor's name and Area Office:

PLEASE SELECT THE PRE-EMPLOYMENT TRANSITION SERVICE YOU ARE INTERESTED IN:

JobExplorationCounseling—This includes, but is not limited to, counseling, guidance, and training provided to students with disabilities designed to assist them in identifying and learning about job opportunities in particular occupations and industry sectors, including career assessment and planning. An example of this service would be career exploration or completing an interest inventory.

Self-Advocacy&Mentoring-This includes, but is not limited to, services provided to students with disabilities to promote self-advocacy and leadership skills, including peer-mentoring, or to assist with successful transition from school to post-secondary education, employment, and independent living. An example of this service is an after-school program where students would meet with peer mentors for guidance and support.

WorkplaceReadinessTraining-This includes, but is not limited to, workplace readiness services provided to students with disabilities designed to assist them in preparing for employment through soft-skills training, job search training, resume writing classes, and other related training. For example, these services could be comprised of a workshop on workplace etiquette, web-based social media training modules, or a combination of classroom and web-based training services.

Post-SecondaryEducationCounseling- This includes, but is not limited to, assistance and support provided to students with disabilities regarding various opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education or vocational training programs based on their goals, needs, and preferences. This also includes assistance with identifying educational opportunities and applying for programs and services. An example of this service could be assisting students with understanding the process of preparing applications for enrollment in post-secondary education or training.

Work-Based Learning (Internship) - Work-based learning, is supporting a student's employment-related skill development through an internship. This internship opportunity meets the student's needs, interests, and ability level, in order for them to gain more experience and exposure. The goal is to have the student build skills for future competitive employment. [If Work-Based Learning is selected, please fill out page 3 of this application.](#)

I _____ (Student Name), agree to participate in CLW's Pre-Employment Transition Services.

(If applicable)I hereby _____ (Parent/Guardian Name) authorize the student listed above can participate in CLW's Pre-Employment Transition Services. I agree to provide the necessary documentation required to show that I am the Parent/Guardian of the student below.

Work Based Learning-Transitional Internship Program (TIP) Application

Minimum Requirements: Interns accepted into the program must be able to commit to intern for a minimum of 8 weeks, unless time constraints imposed by weather, school, program changes and/or family/medical concerns dictate otherwise, and work a minimum of 12 hours a week. In addition, interns must participate in bi-weekly structured workshops held at Center for Living & Working, Inc. If you are accepted into the TIP Program as an Intern, you will need to be able to travel to and from the internship location(s).

Can you commit to the minimum requirements of the internship? Yes No

Can you travel to and from area employers? Yes No

If yes, do you have any travel restrictions? (Time of day, location, etc.):

Do you have prior employment experience? Yes No

If yes, please describe your employment experience below:

Employer, Address, and Phone Number	Name of last Supervisor	Employment Dates	
		From To	
	Your Last Job Title		
Reason for Leaving:		May we contact your supervisor:	

Employer, Address, and Phone Number	Name of last Supervisor	Employment Dates	
		From To	
	Your Last Job Title		
Reason for Leaving:		May we contact your supervisor:	

Center for Living & Working, Inc. reserves the right to deny the application for internship or continuation of the internship if it is determined that any information provided is false or misleading. If accepted, all applicants must complete and pass a CORI check and execute confidentiality and other internal policy statements.

Signature:

Date:

Information for selected Interns

Interns who are selected into the program must have a completed Employment Permit Application (for those who are under 18 years of age) with authorization from their Superintendent of Schools, documentation responsive to the Employment Eligibility Verification (I-9 Form) (for example, social security card, driver's license, birth certificate, passport, etc.)

Send your application to:

Erica Torres, Youth Services Manager
Center for Living & Working, Inc.
484 Main Street, Suite 345
Worcester, MA 01608