

Transition Partnership Program

San Dieguito Union High School District

Student/Family Handbook



Quick Reference Guide

TPP Contacts

- Beth Delval TPP Employment Specialist (LCC, Sunset)
760.271.2857
- Kris Sheffler TPP Employment Specialist (SDA, CCA)
760.707.7777
- Nathan Molina Program Manager
760.331.9647
- Donna Crosby TPP Secretary (DO)
760.753.6491 ext. 5515
- Linda Zenner DOR Counselor

Definitions

Client/Consumer - A student enrolled in TPP, and therefore a client/consumer of DOR

Employment Specialist (ES) - Your school-site job placement coordinator

Individual Plan for Employment (IPE) - DOR's version of an IEP, focused on employment

Status 18 - A client in training

Status 26 - A successful case closure - employed 90 consecutive days by one employer

Status 28 - An unsuccessful case closure

Work Incentive Training (WIT) - Funds provided by DOR to subsidize employment

Is TPP Right for You?

Do you want to work?

No, really, do you want to work?

Understanding that work is all about knowing your schedule, showing up (on time,) looking your best, following directions, communicating with people, and completing your daily responsibilities...do you really want to work?

If you can make a commitment to these fundamental principles, then you are a good candidate for TPP.

So, What is TPP?

The Transition Partnership Program (TPP) is a cooperative agreement between the San Dieguito Union High School District and the California Department of Rehabilitation (DOR.) The program assists SDUHSD students with their transition from school to work. Support through the TPP can be provided in the areas of vocational assessment, employment readiness training, job skills training, employment subsidization (up to 100 hours,) limited job coaching, post employment support and post graduation support. To qualify for TPP services, students must be in their junior (2nd semester) or senior year and they must have an active Individualized Education Plan (IEP).

What is the Department of Rehabilitation (DOR)?

Also known as Vocational Rehabilitation, The California Department of Rehabilitation works in partnership with consumers (you) and other stakeholders - namely your school District, SDUHSD - to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities. The "Rehabilitation" in the title refers to support finding and maintaining work - it is not a reference to drug and/or alcohol rehabilitation.

What Can TPP Do For You?

We want to get you working. TPP is about supporting you through, what may be, your first employment opportunity. TPP may provide:

- Vocational assessment
- Job readiness discussion and support
- Job finding
- Job placement - including:
 - Payment for clothes, materials or transportation required for the job
 - Subsidization for up to the first 100 hours of employment
 - On the Job Training
- Limited job coaching
- Post-graduation support

Am I a Good Fit for TPP, Is TPP a Good Fit for Me?

It's really pretty simple. The profile of a student that is a good fit for TPP is one who:

1. Is a second semester junior or a senior.
2. Really wants to work. I mean, is really interested in working.
3. Is not on the way to a four year university after graduation.

TPP is a good fit for you if you are:

1. Interested in working.
2. Having little success finding work on your own.
3. Willing to be patient when it comes to finding a job.

Note: The Department of Rehabilitation requires that any prospective client must maintain a Social Security number or Alien Registration Number (A#).

A Cold Dose of Reality

This is a good time to talk about some of the realities of today's job-market and one thing that TPP does not do for you. If you were paying attention over this past summer, the nation's economy is on pretty rocky ground; what's worse, California's economy is in bad shape too. Unemployment is pretty high and about 1 out of every 10 Californians that can work, aren't working. What that means is that jobs, even entry level jobs like the ones we'll be helping you look for, are in high demand. There are more applicants, with more experience, looking for fewer jobs. In this context, it is important to understand that **TPP does not guarantee you a job**. What we guarantee is that we will work with you to develop job related skills and, if and when appropriate, will promote you to businesses and hiring managers in the area; it will be based on their determination alone whether or not they hire you. Our program offers incentives to employers that work with our students; in this way, you may be a more desirable employee than someone who applies on their own.

What Happens After I am Referred to TPP?

1. The TPP Program Manager meets with the student to provide the potential DOR client (you) with a packet of DOR paperwork to be completed. The packet includes:
 - A parent/student letter from SDUHSD/TPP
 - DOR Application
 - DOR Release of Medical Information
 - DOR Release of Non-Medical Information
 - Employment History (DOR form)
 - Medical History (DOR form)

This meeting may also include direct communication with your parent or guardian. As is the case with your educational rights, your parents retain signing rights until you turn 18. DOR requires parent approval for students under the age of 18 in order to sign them up as a client.

Directions for completing DOR paperwork are at the end of this handbook. Additional questions can be forwarded to the TPP Program Manager

2. You return the completed packet to your case manager. See App. A for
3. Once received, your case manager adds 1 copy of your most recent IEP (and all amendments) and 1 copy of your most recent psych-ed report (and CMH report, if applicable) to the packet.
4. Your case manager notifies the TPP Program Manager and an arrangement is made to pick up the packet.
5. After picking up the completed packet, TPP Program Manager arranges an intake meeting with the DOR counselor to be held at your school site or at the DO (whichever you prefer.) Attendees of the meeting generally consist of, but are not limited to:
 - You
 - TPP Program Manager and/or TPP Job Placement Coordinator
 - DOR Counselor

6. After the intake meeting is held, the DOR counselor takes the information back to her office and opens your case with DOR. Using the information provided, she develops an Individual Plan for Employment (IPE) based on the your job area interests.
7. The completed IPE is sent to you via mail by the DOR Counselor.
8. Before you can begin receiving support, your IPE must be signed and returned to DOR (they'll send a self-addressed, stamped envelope along with your IPE)

What Happens After I Send Back My Signed IPE?

This is where the "work" begins, and "work" can mean different things for different people. If you are not certain what your interests are you will have the opportunity to complete a job skills inventory and-or an ability profile. You and your Employment Specialist will discuss local businesses to which you may have an interest in applying. You will receive support, if needed, completing applications and following up with employers once the applications are submitted. You will practice interview skills and, if necessary, review appropriate behavior, dress and conversation expectations. You may qualify for subsidized employment whereby you get to work for an employer while the School District and DOR pay your wages (we call it, subsidizing your wages;) the goal is for you to gain exposure to the workplace and experience in a work environment.

Post Graduate Support

A unique component to TPP is its on-going support for post graduates. For up to a year after graduation, you can continue to receive TPP support. The support is the same as what is outlined throughout this handbook, with one major exception:

- Subsidized employment is not available for graduates unless otherwise determined through an IEP team decision, and only then through a period not to exceed the Extended School Year calendar for the summer after graduation (For more information please contact the TPP Program Manager.)

Filling Out DOR Forms

The following pages provide some guidance with respect to filling out the DOR forms that will come home in the TPP packet. As stated earlier the packet includes:

- A parent/student letter from SDUHSD/TPP
- DOR Application
- DOR Release of Medical Information
- DOR Release of Non-Medical Information
- Employment History (DOR form)
- Medical History (DOR form)

The directions provided here address the DOR Application and both releases of information. The Medical and Employment History forms are standard forms and are not referenced here

The Medical ROI is a legal sized document represented here on two separate pages.

Follow the red notations on each form. In the case of there being no notation in a space or section leave it blank.

Again, any and all questions regarding forms can be forwarded to the TPP Program Manager, Nathan Molina at: 760.331.9647 or nathan.molina@sduhsd.net.

Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to properly identify the individual to ensure that the Department provides services to the correct individual. Failure to provide the information requested may result in delays in services. Department authority: Welfare & Institutions Code Sec. 19005, 19005.1, 19010.

| | | | |
|------------------------------|------------------------|------------------------------|----------------|
| Last Name | Other Name(s) Used | First Name | Middle Initial |
| Street Address | | Mailing Address If Different | |
| City | Zip Code | County | |
| Telephone Number | Social Security Number | Age | Date Of Birth |
| Driver's License/I.D. Number | | | |

Complete w/your info

Please describe your physical or mental impairment which constitutes or results in a substantial impediment to employment.

Write the area under which you qualify for Special Education, e.g., OHI-ADHD, SLD, ED, etc.

How can we help you?

Help finding Employment

Who referred you?

Here you can write: school staff, casemanager, parent, self, etc.

Full name of person not in your home who will always know where you live:

| | | | |
|---------|------|--------------|--------------|
| Address | City | Phone Number | Relationship |
|---------|------|--------------|--------------|

Complete this section with relevant info

RELEASE OF INFORMATION TO PROSPECTIVE EMPLOYERS:

I hereby authorize the Department of Rehabilitation to release information (except medical and psychological) to prospective employers for the purpose of assisting me in job placement. I understand that only information necessary to assist me in job placement will be released. This consent applies until such time as my case is closed or I specifically withdraw my consent.

YES NO

ORIENTATION MATERIALS:

I have received & read my "Client Information Booklet" and have discussed with my Counselor: Civil Rights, Eligibility Requirements, Informed Choice, Confidentiality, Appeals Procedures, and the Client Assistance Program (CAP).

YES NO

The Immigration Reform and Control Act of 1986, states employers should only hire American citizens and aliens who are authorized to work in the United States. To verify your employment eligibility, please check box below. This does not replace requirements of employers as specified under the Immigration Reform and Control Act of 1986.

- I am:**
- 1. A citizen or national of the United States.
 - 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
 - 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).
 - 4. None of the above.

← Check relevant box

SEE REVERSE FOR YOUR APPEAL RIGHTS INFORMATION AND HOW TO CONTACT YOUR CAP ADVOCATE.

| | | |
|-----------------------|--------------------|---|
| Applicant's Signature | Date Signed | Parent/Guardian's Signature (required for minor) |
| <i>Leave Blank</i> | <i>Leave Blank</i> | <i>If you're under 18 your parents must sign here</i> |

TO BE COMPLETED BY COUNSELOR

| | | | |
|-----------------------|-------------|----------------------------|--------------------------|
| Counselor's Signature | Date Signed | Counselor's Name (Printed) | Counselor's Phone Number |
|-----------------------|-------------|----------------------------|--------------------------|

DISTRIBUTION: Original (Pink) - Case Folder Copy (White) - Applicant

CONSENT TO RELEASE NON-MEDICAL
PERSONAL/CONFIDENTIAL INFORMATION

DR 264 (1/90)

SEE REVERSE FOR IMPORTANT NOTICE
De favor de leer el otro lado de esta pagina

| | | |
|---|--|--------------------------|
| TO: San Dieguito Union High School District | APPLICANT/CLIENT'S FULL NAME (PRINT) Your Information Here | |
| ADDRESS: - 3710 Encinitas Boulevard - Encinitas, CA 92024 | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| | ADDRESS | |
| NAME/TITLE OF PERSON/FIRM | OTHER IDENTIFYING NAME | OTHER IDENTIFYING NUMBER |

I HEREBY CONSENT TO AND AUTHORIZE THE DEPARTMENT OF REHABILITATION TO:



OBTAIN FROM YOU THE FOLLOWING INFORMATION:



RELEASE TO YOU THE FOLLOWING INFORMATION:

DESCRIPTION OF INFORMATION TO BE RELEASED:

IEP and other Special Education information

| | | | |
|--|------------------------------|--|--|
| I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS SIGNED AUTHORIZATION | | I UNDERSTAND THAT THIS CONSENT SHALL BE VALID FOR A PERIOD NOT TO EXCEED 30 DAYS, UNLESS OTHERWISE SPECIFIED*, FROM THE DATE THIS CONSENT IS SIGNED. | |
| *SPECIFIED DATE, IF OTHER THAN 30 DAYS | | Leave Blank | |
| (STAMP, PRINT OR TYPE) | APPLICANT/CLIENT'S SIGNATURE | DATE | |
| FROM/ <input type="checkbox"/> SEND INFORMATION TO: | Leave Blank | Leave Blank | |
| PARENT OR GUARDIAN'S SIGNATURE (REQUIRED FOR MINOR) | | If you're under 18 your parent signs here | |
| IF UNABLE TO WRITE HIS/HER NAME, THE APPLICANT/CLIENT SHOULD ENTER AN "X" OR OTHER MARK, SIGNATURES OF TWO WITNESSES ARE REQUIRED. | | | |
| WITNESSES' SIGNATURE | | | |
| TELEPHONE | REHABILITATION COUNSELOR | WITNESSES' SIGNATURE | |

COPY 1 - ADDRESSEE

COPY 2 - CASE FILE

COPY 3 - APPLICANT/CLIENT

STATE OF CALIFORNIA
CONSENT TO RELEASE MEDICAL INFORMATION
 DR 264A (REGS/Rev. 11/04)

DEPARTMENT OF REHABILITATION
 Page 1 of 2
See Page 2 for Important Notices

| | | | |
|--|--------------------|---|-------------------|
| Individual/Facility Name & Address: San Dieguito Union High School District 3710 Encinitas Blvd Encinitas, CA 92024 | | Consumer Full Name: Your Information Here | |
| | | Consumer Address: | |
| Name/Title of Person/Firm: | | Social Security Number: | Date of Birth: |
| Nature of Treatment: | Date Last Treated: | Other Identifying Name: | Clinic or P.F. #: |



My signature below verifies that I have read the notifications on page 2 of this form and have received a copy of these notifications.

I understand that I have the right to receive a copy of this signed authorization.

CONSENT TO OBTAIN MEDICAL INFORMATION:

I authorize the above listed individual/facility to furnish to the Department of Rehabilitation (DOR) my records containing medical history, treatment, and diagnosed mental and physical condition, including disabilities such as drug, alcohol, and psychiatric, or the result of any HIV test performed. This information will be included in my case record and used to assist in the determination of eligibility and, if eligible, subsequent vocational rehabilitation services. The DOR may not disclose the information received without my signed consent for each disclosure unless the disclosure is specifically required or permitted by law. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

Particularly requested is information from _____ to _____ regarding my current general health status, including specific information pertaining to:

| | |
|--|------------------------------------|
| Consumer Signature: (If minor or using "mark", see Box B and/or C) Leave Blank | Date Signed: Leave Blank |
|--|------------------------------------|

CONSENT TO RELEASE MEDICAL INFORMATION:

I authorize the DOR to release medical/dental/allied health information from my case record as shown below. This information may not be further disclosed without my signed consent. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

Release to (Name of Individual or Facility):

Information to be released is limited to:

| | | |
|---|--|--|
| Consumer Signature: (If minor or using "mark", see Box B and/or C) <i>✍</i> Leave Blank | | Date Signed: Leave Blank |
| Box A - Specified date, if other than 30 days: Leave Blank | Consumer Signature: <i>✍</i> Leave Blank | Date Signed: Leave Blank |
| Box B - Parent or Guardian Signature (required for minor): <i>✍</i> If you're under 18 then your parent signs here | | Date Signed: Leave Blank |
| Box C - If unable to write his/her name, the consumer should enter an "X" or other mark above. Signatures of two (2) witnesses are required. | Witness Signature: <i>✍</i> | Date Signed: |
| | Witness Signature: <i>✍</i> | Date Signed: |
| From / <input type="checkbox"/> Send Information To: | Rehabilitation Counselor: | |
| | Telephone: | Check if TTY: <input type="checkbox"/> |

DISTRIBUTION: Original - Addressee Copy - Case Record Copy - Consumer