



State of Connecticut
Aging and Disability Services
BRS - Vocational Rehabilitation

Dear Parent/Guardian,

My name is Kerry Jobe and I am reaching out to let you know about the Level Up services offered by The Department of Aging and Disability Services/Bureau of Rehabilitation Services (ADS/BRS).

If your son or daughter is in the final years of their high school career and utilizes an IEP or 504 Plan, they are eligible to receive Level Up services through ADS/BRS. These services range from interview preparation, job shadowing to post-secondary education exploration and can all happen at your school or at my office located at **184 Windsor Ave, Windsor Connecticut**. If you have any questions regarding Level Up or BRS please feel free to contact me at (860)306-7417 (cell) or (860)697-3533 (office) Monday through Friday 8:00am-3:30pm. You can also reach out to me via email at kerry.jobe@ct.gov and I will respond as quickly as possible.

To begin Level Up services, please fill out the enclosed referral form and releases of information with your student and return to your school. I have highlighted the areas in which a parent/guardian signature is required. From there, I will coordinate a time to meet with your student to talk about what their plans are after graduation and how to achieve their employment goals.

I look forward to speaking with you!

Kerry Jobe
Vocational Rehabilitation Counselor, Level Up
Bureau of Rehabilitation Services
184 Windsor Ave, Windsor CT 06095
Office: (860)697-3533
Cell Phone: (860)306-7417
Kerry.Jobe@ct.gov



LEVEL UP ACTIVITIES

Assistive
Technology

Peer Mentoring

Self-Advocacy

Workplace
Readiness Service

Level Up services are...

- Customized for each student
- Coordinated with existing transition services offered by a school district.

Kerry Jobe

Level Up Counselor

Office: (860) 697-3533

Cell: (860) 306-7417

Email:

Kerry.jobe@ct.gov

The goal of the series is to assist students in identifying their strengths and learn necessary skills for future employment and/or education!

Assistive Technology – Students will have an increased knowledge of AT available to succeed in school, work and the community.

Peer Mentoring – Provides group service to identify students skills, personal strengths, likes and dislikes, social skills and life goals.

Self-Advocacy – Assists students in identifying resources within their family, community and school system to help prepare for employment, education and training.

Workplace Readiness Service – Identifies barriers and increases knowledge of appropriate skills to seek, acquire and maintain competitive employment, including the development of social and independent living skills.



Level Up Referral

School:

Date: / /

First name: _____ Last name: _____

Gender: ____ D.O.B.: ____/____/____ Current grade: ____ Anticipated exit year: _____

WIOA Race/Ethnicity (Please check all that apply)

White _____ Black or African American _____ American Indian or Alaska Native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____ Ethnicity- Hispanic or Latino _____

Phone number: _____ SS#: _____ -- _____ -- _____

Address: _____

Email: _____

Disability/Diagnosis: _____

Please describe your disability:

Do you receive Social Security benefits? YES NO Amount: _____

Parents' name: _____

Address if different than student: _____

Best parent contact number: _____ Best time to contact: _____

Parent email: _____

Emergency Contact Name: _____ Phone Number _____

Is student over 18 years old? YES NO

If yes, is there conservatorship or guardianship? YES NO N/A

Referral source: _____ High school: _____

Paying district (if applicable): _____



State of Connecticut Bureau of Rehabilitation Services

RF-6 10-2019

Authorization for Release and Disclosure of Personal Information

(Instructions to ADS staff: Original copy to information holder. Copy to recipient of information and case record.)

I authorize Aging & Disability Services (ADS) to obtain information about my Social Security or Department of Social Services benefits, Department of Labor employment records, as well as share information within programs at ADS for purposes of my vocational rehabilitation services.

In addition:

I authorize: (name & address of person/organization that will release the information)

Date:

East Windsor High School
76 S Main Street
East Windsor, CT 06088

and

Bureau of Rehabilitation Services
184 Windsor Avenue
Windsor, CT 06095

to release the information indicated below to: (name & address of person/organization to which information is to be released)

Bureau of Rehabilitation Services
184 Windsor Avenue
Windsor, CT 06095

East Windsor High School
76 S Main Street
East Windsor, CT 06088

Purpose(s) of this release (check one):

- This information is being sent or requested by ADS for purposes associated with my eligibility for the provision of vocational rehabilitation services.
- Other purpose: Level Up Services/Vocational Planning

The type of information covered under this release of information includes:

Medical	HIV/AIDS
Hospital Records	Financial
Psychosocial	School and/or Transcript
Psychiatric	Employment History
Psychological	Alcohol and/or Drugs

Additional instructions to information holder: _____

Consumer name	Date of Birth	SS# (Last 4 digits only) XXX-XX-
Signed (consumer) X	If minor, signature of parent or guardian; conservator, if applicable X	Relationship to consumer

- I understand that the information I authorize a person, ADS, vendor, contractor or other state agency to receive may be disclosed in accordance with the terms of this document and other applicable laws and regulations.
- This authorization may be revoked by me at any time by notifying ADS in writing, except to the extent that action has been taken in reliance on it before that point. Unless expressly revoked earlier, this authorization expires as noted here (box to the right):

SPECIFY DATE, CONDITION OR EVENT:

Until Federally Required Post Exit Data Collection is completed.

Note to Recipient of Information: The confidentiality of this record is required under chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

* **Alcohol and/or drug treatment records:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

** **HIV Related Information:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient.



State of Connecticut Bureau of Rehabilitation Services

RF-6 10-2019

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In addition:

I authorize: (name & address of person/organization that will release the information)

Date:

ADS/BRS Level Up Vendor

**Bureau of Rehabilitation Services
184 Windsor Avenue
Windsor, CT 06095**

and

to release the information indicated below to: (name & address of person/organization to which information is to be released)

**Bureau of Rehabilitation Services
184 Windsor Avenue
Windsor, CT 06095**

ADS/BRS Level Up Vendor

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** **HIV Related Information:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient.



East Windsor PUBLIC SCHOOLS

Inspiring Growth. Achieving Success.

70 South Main Street
East Windsor, CT 06088

ADMINISTRATION

Christine DeBarge, Ed.D
Superintendent
cdebarge@ewct.org

Patrick Tudryn, Ed.D
Asst. Superintendent for
Student Services
ptudryn@ewct.org

860.623.3346
Fax 860.292.6817

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

The East Windsor Public Schools, East Windsor, Connecticut, is hereby authorized to release any academic, medical, social, or psychological reports on:

_____ To Aging & Disability Services
(Name of Child) (Name)
Kerry Jobe - AOS counselor
184 Windsor Ave, Windsor, CT
06095

Signature: _____
(Parent/Guardian)

AUTHORIZATION FOR RELEASE OF REQUESTED INFORMATION

Date: _____

I hereby authorize and request:

Aging & Disability Services - Kerri Jobe
184 Windsor Ave, Windsor CT 06095
(860) 306-7417 / Kerry.Job@ct.gov

To release any medical, social, psychological and/or other reports to the East Windsor Board of Education.

(Name of Child)

These reports and this form should be forwarded to:

Patrick Tudryn, Ed.D
Assistant Superintendent for Student Services
70 South Main Street East Windsor, CT 06088

Signature: _____
(Parent/Guardian)