

Department of Rehabilitation Services -- Required Documentation

The following documents are required if you plan to attend college after graduation:

1. Proof of FAFSA Application (*Approval **or** Denial*)
2. Financial Aid Letter (*Approval **or** Denial*)
3. High School Diploma **and** Final Transcript
4. College/University Acceptance Letter
5. Identified Program of Study
6. Bill Showing Tuition and Fees
7. Bill Showing Room and Board Cost (*if applicable*)
8. Class Schedule (*Fall Semester*)
9. Textbook List and Prices (*without taxes*)
10. Technology Assessments and Other Evaluations (*for students requiring assistive technology devices*)
11. Documentation of Disability (*copy of the most recent IEP **and** Reevaluation*)
12. Social Security Information (*if applicable*)
13. Family Federal Tax Return Documents (prior year)

****At the intake meeting at DRS, Downers Grove, students will need to bring State ID/Driver's License and Social Security Card****

****These items/documents are required to be submitted to Abiola at DRS by June 30th****



Risikat Abiola Akinmolayan, M.A.

Senior Rehabilitation Counselor

Illinois Department of Human Services

Division of Rehabilitation Services

2901 Finley Road, Suite #109

Downers Grove, IL 60515

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Illinois Department of Human Services

JB Pritzker, Governor

Grace B Hou, Secretary

Division of Rehabilitation Services

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College Training / Customer

1. Description of your vocational goal and how college training will prepare you for this goal. Description of your academic qualifications and the degree to which you are likely to benefit from college and obtain a degree within the three to six year time.
2. Description of your current level of education (high school transcript-after graduating) and previous college training, if any. Include information on course grades from any previous college of study.
3. Academic qualifications described in detail for your college training. Include description of grades and other indicators of standard college tests such as the ACT and SAT. Any special academic honors or scholarships should be noted.
4. The college you intend to enroll in and describe your expected course of study in college. Provide documentation that the college has accepted you.
5. Provide financial information as it relates to college training, including the results of your application for Financial Aid. This must include a letter from the college with the financial aid amounts, if any, including Pell and MAP Awards.
6. Describe your vocational goal and how college training will result in the achievement of your employment goal.

These questions must be completed with counselor during interview or sent to the counselor for approval before the customer starts the college semester.

DHS: Rehabilitation Services: Referral and Application

Last Name:			
First Name:			
Middle Initial:		Gender:	
Other Program Code: Veteran: (Y) or (N)		Medicaid Recipient (Y) (N) Migrant Worker (Y) (N)	
Reason for Referral:		College / Career Training	
Disability:			
Social Security Number:			
Age/Date of Birth:			
Address:			
County:			
Phone Number:			
Contact (cell or home)			
Email Address:			
Referral Service		Naperville North High School	
		Debrah Mrozinski	
		(630) 848-5683	
		dmrozinski@naperville203.org	
Accommodations or Language needs:			



State of Illinois
Department of Human Services- Division of Rehabilitation Services
Consent For Services (if under age 18)

I hereby give consent (permission) for _____ to receive and participate in vocational rehabilitation services that will lead to employment.

(Parent or Guardian Signature)

(Date)

Administrative Center	203 W Hillside Road	Naperville, IL 60540-6589	630-420-6465	FAX:630-420-6566
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AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I/we hereby authorize the exchange of communications and the release/exchange of the following records concerning

_____ (student's name)

_____ (birthdate)

between **Naperville School District 203** agents and employees and:

Name/Title: Risikat Abiola Akinmolayan, M.A.
 Agency/Organization: Illinois Division of Rehabilitation Services
 Address: 2901 Finley Road, Suite #109, Downers Grove, IL 60515
 Telephone: 630-495-0500 E-mail: Risikat.Akinmolayan@illinois.gov

The following information will be released/exchanged:

- All permanent records (including, but not limited to, basic identifying information, academic transcript, attendance records, health records and scores received on all State assessments administered in grades 9-12, where applicable)
- All temporary records (including, but not limited to, scores on State assessments administered in grades K-8, discipline records, health-related information, accident reports, aptitude and achievement test results, report cards, progress monitoring information, special education records, and Section 504 records)
- All IEP/special education and/or Section 504 records
- Other (specify): Communication

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.* and are to be made for the purpose of:

- Educational evaluation and/or planning
- Other (specify): _____

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE (for mental health/
developmental disability records)

DATE

STUDENT SIGNATURE (for mental health/
developmental disability records, if student is age 12 or older)

DATE

* NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act (AHIPAA@).

SEND RECORDS TO:

District 203 Principal	<u>Stephanie Posey</u>
District 203 School	<u>Naperville North High School</u>
District 203 Address	<u>899 North Mill Street</u>
	<u>Naperville, IL 60563-8998</u>