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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Career Counseling and Information and Referral Services Verification** |

To Whom It May Concern:

This form serves as verification that the individual listed below was provided the following services by the TN Vocational Rehabilitation (VR) Program in accordance with 34 CFR 397.40:

* Career Counseling (availability of benefits counseling and labor market information);
* Information and Referral Services (overview of Vocational Rehabilitation Services and other local service and employment providers and resources such as American Job Centers and the VA VR services); and
* Referral information for organizations providing self-advocacy, self-determination and peer mentoring training.

Date Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle Initial) (Last)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the above named individual authorizes the TN VR Program to provide a copy of this form to the entity named below that holds a 14(c) wage certificate described in section 14 (c) of the Fair Labor Standards Act (29 U.S.C. 214 (c)).

Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Individual/Individual Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Service Contractor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Designated VR Staff Signature Date

This document was transmitted to this individual on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Transmitted by: □ hand-delivered □ faxed □ mailed □ emailed