



VR STATEWIDE REFERRAL AND RELEASE (TRANSITION)

Date: _____

Completed forms can be returned via email or fax to Octavia Graham in the DDSN Transition Department:

Email to: Octavia.Graham@ddsn.sc.gov

Fax: DDSN Transition at (803) 898 – 2242

_____ is interested in securing competitive integrated employment with the assistance of the South Carolina Vocational Rehabilitation Department (SCVRD).

Contact Information

Name: _____

Legal Guardian, if applicable, (must be adjudicated): _____

Parent/Caregiver: _____ Email: _____

Address: _____ City: _____

County: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Age: _____

Disability Category: ID/RD HASCI Autism

Currently in school? Yes* No

*If "Yes," please provide the name of school: _____

Release of Information

In an effort to increase communication, determine eligibility, and assist in securing employment, permission has been given to release information, (including medical information, testing, case notes, etc.) between the South Carolina Vocational Rehabilitation Department, South Carolina Department of Disabilities and Special Needs, the Disabilities and Special Needs Case Manager, University of South Carolina, Center for Disability Resources, the individual's local school as noted above (if appropriate) as indicated by consumer/legal guardian signature below. This release will be in effect until it is revoked, which can be done at any time by the individual/legal guardian.

DDSN Transition Coordinator: Octavia Graham

Cell Phone: _____ Phone: (803) 409-9291 Ext: _____

Email: Octavia.Graham@ddsn.sc.gov

Individual's Signature: _____

Legal Guardian (if applicable): _____

Date: _____

SCVRD: Please contact Octavia Graham directly with the VR Counselor's name and contact information to expedite services and maintain open communication. Thank you.