Date Referral Received:

**dsb-4008sub-VR-AW** WAIVER for DOCUMENTING REFUSAL OF SERVICES REQUIRED OF SECTION 511 (25+ Years Old)

A copy is to be retained by the Agency

New 9/2016

|  |  |  |
| --- | --- | --- |
| **NC Division of Vocational Rehabilitation Services** |  | **NC Division of****Services for the Blind** |

**Purpose:** Pursuant to Section 511 of the Rehabilitation Act as enacted by the Workforce Innovations and Opportunities Act, prior to pursuing employment earning subminimum wage, it must be documented that the individual with a disability has been given the opportunity to receive employment related services designed to enable them to explore, discover, experience and seek to attain competitive integrated employment in a manner that facilitates that individual’s or their representative’s informed choice and decision-making. **This form provides documentation that the individual MUST present at regular intervals to their employer paying subminimum wages OR THEY WILL NOT BE ABLE TO WORK and receive subminimum wages.**

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| --- | --- | --- | --- | --- |
| Individual’s Name Last, First, MI  |  Date of Birth MM/DD/YYYY  | Age This Date | DVR/DSB Identifier | Date Form Completed |
|       |       |       |       |       |

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**REFUSAL SECTION:** The individual (and/or guardian/representative as applicable) has been offered and REFUSES or DECLINES the following services that have been described and offered to me:

* Career and Counseling services provided by or coordinated by DVR/DBS personnel, which may include counseling about benefits and work incentives;
* Information and Referral services to other programs that may provide opportunities for the individual to explore, discover, experience and seek to attain competitive integrated employment;
* Information about training opportunities in self-advocacy, self-determination and peer mentoring;

I     , have received a description of the services above that are made available to me according to the situation that applies to me. I am choosing at this time to refuse these services and wish to pursue employment to be compensated at wages below the current minimum wage. I clearly understand that I can change my mind at any time and wish to pursue these services. I realize I will be asked periodically about this choice as required by enacted legislation.

**Reason for refusal:**

Individual’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Guardian or Representative’s Signature (as applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

DVR/DSB Staff Documenting Refusal       Date

**NOTE: Copy of this document to be provided to the Individual or Individual’s Representative within 10 calendar days of completing this form.**

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 Date Referral Received:

**RECORD OF PROVISION OF DOCUMENTATION TO INDIVIDUAL OR REPRESENTATIVE:**

**NOTE: THIS COMPLETED DOCUMENT MUST BE PROVIDED IN A FORMAT ACCESSIBLE TO THE INDIVIDUAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documentation Provided to above-named Individual with a Disability or Representative** | **Staff Name/Signature** | **Date** | **Delivery Method (Fax, Mail, Hand Delivered, etc.)** |
| dsb-4008sub-VR-AW |       |       |       |
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