

DHS/DRS Direct Transition Referral Form

FY 23

(THIS FORM MUST BE COMPLETED IN FULL BEFORE SUBMITTING TO DRS)

Date:

Name:		DOB:
Address:		Social Security Number:
City:	State:	Receiving SSI: Yes _____ No _____
Zip:	Phone #:	Receiving SSDI: Yes _____ No _____
Cell #:		Primary Disability:
		Secondary Disability:

Current HS:	Graduation Year: _____
Student currently receiving IEP Services:	Yes _____ No _____
Name of Referring Source:	Email: _____ Phone: _____

Requested Services: Training Employment Other: _____

Comments: _____

Parent's Name: _____

Parent's Phone: _____ **Email:** _____

Please submit form to:
2970 Court Street
Pekin, IL 61554
309.353.5996