



**DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES**
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)

<u>ORS Use</u> Region: Area: ORS-146 Rev. 5.22.2024

“Helping individuals with disabilities to choose, find and keep employment”

Registration for Pre-Employment Transition Services

I am a student with a disability. I am registering for Pre-Employment Transition Services to help me explore careers and gain work-related skills.

_____		_____	
Legal Name		Preferred Name	
_____		_____	
Address	City	State	Zip
_____		_____	
Telephone Number	Alternate Phone Number	Social Security Number	
_____		_____	
Birth Date (Mo/Date/Year)	Age	Gender Identity	Preferred Pronouns
_____		_____	
Student/Parent Email		School Name	
_____		_____	

RACE (CHECK ALL THAT APPLY):

- White (Caucasian)
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander

ETHNICITY:

- Yes, I am Hispanic or Latino
- No, I am not Hispanic or Latino

_____		_____	
Student Signature		Date	
_____		_____	
Parent Signature		Date	