MEMORANDUM OF UNDERSTANDING

BETWEEN

SANTA BARBARA COUNTY
SPECIAL EDUCATION LOCAL PLAN AREA

AND

SANTA BARBARA DISTRICT
OF
CALIFORNIA STATE DEPARTMENT OF REHABILITATION

October 3, 2014
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INTRODUCTION

This Memorandum of Understanding was developed by a committee representing the Santa Barbara County Special Education Local Plan Area (SELPA) and the Santa Barbara District of California State Department of Rehabilitation (DOR).

SELPA is negotiating this agreement on behalf of the districts within Santa Barbara County that serve secondary age students. Whenever the term SELPA appears in this Memorandum of Understanding, it refers to the school districts that serve secondary age students.

There is a long-time history of cooperative working agreements between the high school districts of Santa Barbara County and the DOR.

While the document is an attempt to formulate, in writing, actual working practices and agreements as required by Federal and State laws and regulations, it will, in fact, become a changing document as laws, regulations and budget changes occur, which means that a periodic re-evaluation of the agreement must take place.

The intent of this document is to:

1. Clarify and determine each agency's responsibility to the individual clients/students and their families, including which services are to be provided by each agency.

2. Establish a means for joint planning to occur, which will ensure that local resources will be utilized in the most effective manner:
   a. Commitment of resources based on identified needs;
   b. The elimination of duplication of services.

3. Establish and maintain an attitude which will facilitate communication and coordination of agency services.

4. Conform to legislative mandates and to the intent of such mandates.

5. Describe the relationship between the SELPA, its representative districts and the DOR.
This Memorandum of Understanding is predicated upon the following statement of shared goals.

Shared Goals

This agreement builds and operates from a partnership which results in the collaborative design and delivery of programs and services to support the successful transition to adulthood by youth with disabilities.

The primary goal of this agreement is to ensure that necessary Rehabilitation and Special Education Services are provided to clients/students in the most effective manner through joint planning, cooperative service delivery, judicious use of available resources and new resource development.

The agencies and clients/students represented in this agreement share a commonality of goals. It is the intent of this agreement to, facilitate the following:

1. Development of vocational and academic competencies, which lead to gainful employment and are based on local job market survey information.
2. Development of social proficiency to the degree that clients/students will become successful members of the community.
3. Development of civic responsibility.
I. CONSUMER/STUDENT FIND

The DOR and the SELPA are committed to identifying individuals who require needed special services and mutually agree to safeguard individual rights, as required by Federal and State statutes. Each agency agrees to:

1. Develop information regarding eligibility criteria and services available and facilitate its dissemination.

2. School districts serving secondary age students will develop and implement strategies for the students who may be eligible for DOR services. Strategies shall include:
   a. Developing procedures to inform key personnel (Counselors, Assistant Principals, Teachers, etc.) of DOR eligibility, services and available programs.
   b. Developing an expeditious referral process utilizing adopted forms which protect individual rights. (See Appendix)

3. Provide parents and guardians with information regarding the referral process, eligibility criteria and services available.

4. Accept each other's written referrals (including special education and other students with disabilities).

   Note: Students referred to DOR must have the legal right to work in the United States.

   Referrals for special education will be processed within 15 calendar days of receipt of the referral (as per Education Code requirements). Individuals referred to DOR will be contacted 10 working days of receipt of the referral.

5. Be responsible for assuring that all students who may be eligible to receive services are identified and referred.
II. ASSESSMENT

The DOR and the SELPA are committed to comprehensive, cost effective assessment of clients/students in order to provide assistance which will facilitate a smooth transition from school to the world of work or post secondary training/education that leads to employment.

Assessment information obtained by either agency is used to aid the clients/students in developing marketable skills leading to greater independence, primarily in the areas of gainful employment and social proficiency.

Each agency agrees to the following:

1. Exchange information necessary with appropriate release of information to monitor and assist in the implementation of the IEP/ITP and IPE*.

2. Where appropriate, coordinate the development of an assessment plan and its implementation.

3. Assess referred individuals to determine:
   1.1 Eligibility for services
   1.2 Clients/students preferences
   1.3 Areas of need requiring training and remediation
   1.4 Appropriate services which will be included in the IEP/ITP and IPE

*IEP = Individualized Education Program
ITP = Individual Transition Plan
IPE = Individual Plan for Employment
III. INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE), INDIVIDUALIZED EDUCATION PROGRAM (IEP)/INDIVIDUAL TRANSITION PLAN (ITP)

DOR and SELPA are responsible for developing, implementing and monitoring IPE and IEP/ITP respectively. Interagency coordination is critical to planning successful programming and support/services. Accordingly, the DOR and the SELPA will:

1. Designate/invite appropriate agency staff to participate in and/or submit written information for the development of the IPE, IEP, or ITP for mutual clients.

2. Assure the provision of services, either directly or by joint agreements with other providers, as specified in the IPE, IEP, or ITP.

3. Recognize the relationship of the IPE, IEP, and ITP and support the integration and implementation of these plans.

4. Ensure that the parents and clients/students and other participants are informed and actively involved as collaborative participants in meetings (IPE), (IEP) and (ITP).

5. Facilitate transition from school to work and/or post secondary training and adulthood through mutual activities which will increase awareness of community programs.

6. Release confidential information to each other only with parental and consumer consent in accordance with Section 5328 of the Welfare and Institutions Code, and Education Code 49073-49078.
IV. INTERAGENCY INSERVICE/STAFF DEVELOPMENT

DOR and SELPA believe in ongoing opportunities for professional growth and development of their staff and agree to:

1. Exchange announcements of inservice opportunities.

2. Invite representatives of each agency to participate in interagency inservice planning sessions to plan seminars and conferences of mutual interest.

3. Encourage each agency's staff to participate in mutually relevant in-service trainings and workshops.

4. Upon request, provide representative speakers, trainers and workshop leaders for mutually relevant workshop/in-service topics.

5. Conduct training for administrators, teachers, students, parents, and business people regarding the transition needs of clients/students.

6. Disseminate copies of this Memorandum of Understanding to staff within their respective agencies.
MEMORANDUM OF UNDERSTANDING APPROVAL

This agreement shall commence on the effective date of approval by the signature's. The agreement shall be reviewed every three years and revised at the request of either party. It shall remain in effect until any revisions are mutually agreed upon or either party provides 30 days written notice to terminate.

DAN COOPERMAN, CHAIRPERSON
SANTA BARBARA COUNTY SELPA
JOINT POWERS AGENCY BOARD
DATE 12/1/14

KENNA HICKMAN, DISTRICT ADMINISTRATOR
SANTA BARBARA DISTRICT OF CALIFORNIA
STATE DEPARTMENT OF REHABILITATION
DATE 10-3-14

DR. JANICE BUTTERFIELD, DIRECTOR
SANTA BARBARA COUNTY SELPA
DATE 12-1-14

DATE __________________________
### Definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>IEP</td>
<td>Individualized Education Program</td>
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<tr>
<td>ITP</td>
<td>Individual Transition Plan</td>
</tr>
<tr>
<td>IPE</td>
<td>Individual Plan for Employment</td>
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<tr>
<td>DOR</td>
<td>Santa Barbara District of State Department of Rehabilitation</td>
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<tr>
<td>SELPA</td>
<td>Santa Barbara County Special Education Local Plan</td>
</tr>
</tbody>
</table>
Referral Process
to
Department of Rehabilitation

1. Obtain signature(s) on medical and non-medical release forms

2. Complete and obtain signature on referral to Department of Rehabilitation

3. Referral packet to include:
   - Referral form
   - Medical release form
   - Non-medical release form
   - Assessments
   - Psychological evaluation
   - Health information
   - Work history, including community service and job skills training
   - Any pertinent information documenting their current physical/mental disability and the severity of their impairment and functional limitations
Referral to Department of Rehabilitation

Student Name: ________________________________________________

Student Address: ______________________________________________

School District: ________________________________________________

Phone: _________________________ Special Education? ______ Yes ______ No

School: ________________________ Case Manager: _______________________

Grade: _________________________ Counselor: ___________________________

Soc. Sec. #: ______________________ Other Service (DIS): ___________________

Description of Disability:

Reason For Referral:

Referral Source:

Name: ___________________________ Title: ___________________________

School: ___________________________ Date: ___________________________

I hereby give my consent to be referred to the Department of Rehabilitation, and for
release of information between the above mentioned School District and the Department
of Rehabilitation.

____________________________________________       ____________________
Signature of Parent or Guardian                   Date

____________________________________________ ___________________
Signature of Student      Date
Mission:

The California Department of Rehabilitation (DOR) works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities.
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Introduction

If you are a person with a disability, the Department of Rehabilitation (DOR) can assist you to fulfill your employment goals and achieve independence. This booklet will serve as your guide to the DOR and the services we provide to our consumers.

As a consumer of the DOR, your rehabilitation program will be tailored to your particular employment goals and developed in collaboration between you and your counselor.

The most important person in the process is you. Your counselor is trained to work with you toward your employment goal, informing you of the services the DOR can provide and directing you to other agencies for additional services you may need.

If you can't find answers to your questions in this booklet, please contact your counselor or your counselor’s supervisor in your local DOR office.

Phone numbers and addresses of the DOR offices are located on pages 18-19.
Who Should Apply?

- Do you have a disability?
- Do you want to work?
- Are you having trouble getting or keeping a job because of your disability?
- Do you believe vocational rehabilitation services, such as job placement, training, or other job preparation would help you obtain or retain a job?

If you answered "yes" to all these questions, you may be eligible for the DOR’s services. To learn more, contact your local DOR district office listed on pages 18-19.

How to Apply

Here's how to request services from your local DOR office:

1. Go to the DOR office closest to your home and complete an application.
2. Call your local DOR office and request an application or ask to speak with the counselor of the day to answer your questions about the DOR’s services.
3. Apply online at www.dor.ca.gov or print an application from the website and mail the completed form to your local office.
4. Give us information needed to start the application process.

After you request services and provide basic information to the DOR, you will be given an appointment with a counselor for an interview to begin the assessment process.
Assessment Process

The purpose of the assessment process is to provide you and your counselor with an opportunity to discuss your disability and learn more about the level of impact your disability has on your ability to work, and the types of DOR services you may need to assist you in becoming employed.

Eligibility—You and your counselor will obtain and review medical and other information to identify and assess how your disability affects your ability to work and to determine how DOR services can help you obtain or retain a job. After obtaining sufficient information, your counselor will determine your eligibility for DOR services.

Level of Significance of Disability (LSOD)—You and your counselor will review and discuss information obtained from you and from other sources about your disability and agree on how it limits you in five general areas of functioning, including: communication, mobility, interpersonal skills, self care, and work tolerance. Based on this assessment, your counselor will give you an LSOD score that represents the significance of your work-related limitations. The LSOD assessment score will usually be completed within 90 days from the date of application.

Vocational Rehabilitation Needs Assessment—You and your counselor will discuss your interests and abilities and decide what services and assistance you will need to obtain or retain appropriate employment.

You will be given information and encouraged to make choices throughout the vocational rehabilitation process. At your request, the DOR will communicate with you in your primary language and appropriate mode of communication so that you can fully understand the process.

Actively participate—The DOR vocational rehabilitation process moves more quickly if you stay actively involved with your counselor and provide information requested by your counselor as soon as you can.
How can you help with the assessment process?

1. Bring relevant information to your first meeting with your counselor, including:
   ♦ Any documents you have about your disability.
   ♦ Recent records and benefit letters such as those from the Social Security Administration or your “Ticket” from the federal “Ticket to Work” program.
   ♦ A list of names, addresses, and telephone numbers of doctors, professionals, and organizations you have consulted regarding your disability.

2. Learn about and understand the rehabilitation process.
   ♦ Read the information we provided you about the program.
   ♦ If you don't understand something you read or something your counselor describes, ask your counselor to explain it.

3. Keep your appointments and come on time.
   ♦ Call your counselor’s office if you can't keep an appointment.
   ♦ Tell your counselor if you move or change your phone number.

4. Follow through and complete your part of any actions you and your counselor agree upon.

Eligibility

If all requested information about your disability is received by the DOR, your counselor will notify you of your eligibility determination in writing within 60 days of receiving your completed application. If information about your disability is delayed, you and your counselor will discuss and agree on a specific extension date to determine your eligibility.

If you are receiving Social Security Administration (SSA) benefits or if you have a valid “Ticket to Work,” you are presumed to be eligible for DOR services.
Eligibility for DOR services is based on the following factors:

1. You have a physical or mental impairment,
2. Your impairment constitutes or results in a significant impediment to employment for you; and
3. You require and can benefit from vocational rehabilitation services to prepare you to obtain, retain, or regain employment.

If your disability is so severe that you might not be able to benefit from DOR services, you can be provided an opportunity to demonstrate your ability to benefit from DOR services by working in a realistic work setting (a trial work experience). If needed, you may receive appropriate DOR services during the trial work experience.

Receiving Services

Order of Selection—When the DOR does not have enough money to serve all applicants who are found to be eligible for DOR services, the law requires that the DOR use a process called an “Order of Selection” to make sure the DOR first serves those with the most significant disabilities.

After you are found eligible for DOR services, you will receive a priority score, called a Level of Significance of Disability (LSOD) score that will be used in the Order of Selection process. Giving all applicants an LSOD score and placing them in priority categories based on this score provides a fair method to serve all applicants in the correct order required by law.

All those in the "most significantly disabled" category will be served first. Everyone in the "significantly disabled" category will be served next, and persons in the "disabled category" will be served last.

Within each category, the DOR serves consumers according to the date of their application.
Waiting List—If the DOR does not have enough money available to serve applicants in your priority category, you will be placed on a waiting list and you will receive a letter every 90 days to tell you which category is currently being served. As soon as funds are available, you will be notified, then be served in the order of the date you submitted your application.

Information and Referral Services

If you are on the waiting list, the DOR will provide you with information and referrals to other community services that may be able to help you pursue your employment goals until you receive DOR services.

Individualized Plan for Employment (IPE)

If you have applied for services, completed the assessment process, are found eligible for services, and are placed in a priority category being served, the next step will be to develop your Individualized Plan for Employment, with your counselor. The IPE is your written plan listing your job objective and DOR services you will receive in order to find and maintain your employment. Your counselor will give you information throughout the IPE process so you can make meaningful choices about your plan. You and your counselor will discuss your unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice as you develop the plan.

You are the lead partner in developing your plan. You and your counselor will discuss and determine your employment goals. You will also have the opportunity, within the DOR’s regulations, to discuss and choose the specific vocational rehabilitation services, providers, and settings you need to reach your goals. You and your counselor will discuss methods you can use to obtain the needed services.
IPE Development—Your IPE will include at least the following components:

♦ Description of your employment goal.
♦ Timeline to achieve your employment goal.
♦ Description of the services and service providers you will need.
♦ Timeline to begin services.
♦ Description of the methods used to get services.
♦ Description of the criteria that will be used to evaluate your progress.
♦ Responsibilities of your counselor, you, and others involved with your IPE.
♦ Outline of consumer participation in paying for part of the plan, if applicable.
♦ Identification of comparable benefits you may apply for and secure.

You have options for developing your IPE, including:

1. Receiving assistance from your DOR counselor.
2. Receiving assistance from outside resources.
3. Developing your own IPE.

Your counselor will:

1. Explain the IPE components and the DOR guidelines.
2. Explain whether you may need to pay for a portion of your services (financial participation) and explain your need to use services available from other sources (comparable benefits) and other related information.
3. Help you complete the DOR forms.
4. Explain the Ticket to Work (TTW) program.
5. Review your completed IPE to ensure your goals and necessary services meet the DOR guidelines.
Employment Services

Your IPE must be completed and signed by you, and then approved in writing by your counselor and/or the Rehabilitation Supervisor before you can begin receiving services included in the plan.

The DOR offers many services to assist consumers to reach their employment goal. Not all available services are needed by all consumers. The DOR’s services include, but are not limited to:

♦ Counseling and guidance,
♦ Referrals and assistance to get services from other agencies,
♦ Job search and placement assistance,
♦ Vocational and other training services,
♦ Evaluation of physical and mental impairments,
♦ On-the-job or personal assistance services,
♦ Interpreter services,
♦ Rehabilitation and orientation/mobility services for the deaf and the blind,
♦ Occupational licenses, tools, equipment, initial stocks, and supplies,
♦ Technical assistance for self-employment,
♦ Rehabilitation assistive technology,
♦ Supported employment services,
♦ Services to the family,
♦ Transportation as required, such as travel and related expenses, that is necessary to enable you to participate in a vocational rehabilitation service.
Consumer Responsibilities

After your IPE has been developed, you and your counselor have responsibilities. Your responsibilities include maintaining ongoing contact with your counselor related to your services and the following actions:

1. Talk with your counselor if you are having a problem that affects your plan (such as changes in your address, medical, or financial status).
2. Discuss any changes that might be needed in your plan.
3. Apply for and secure available comparable services and benefits (such as financial aid, grants, or services through non-DOR agencies).
4. If necessary, participate financially in your plan.
5. Attend and fully participate in training programs and classes.
6. Provide regular progress updates, grades, and attend annual review meetings as required to your counselor.
7. Fully participate in your job search and job placement activities.
8. To obtain reimbursement from the DOR, you must have prior approval from your counselor or the Rehabilitation Supervisor before you purchase any goods and services related to your IPE.
9. Reach an agreement with your counselor and sign a written IPE amendment if making a significant change in your IPE.

Counselor Responsibilities

It is your counselor's responsibility to:

1. Provide counseling and guidance.
2. Keep information confidential, except where the law requires the counselor to share the information.
3. Inform you of resources available to you and give you specific referrals as appropriate.
4. Provide information regarding your rights and remedies, including your right to appeal, request mediation, or file a discrimination complaint.
5. Provide information about the Client Assistance Program (CAP) and how to contact CAP.
6. Assist in the coordination of services needed for your plan.
7. Review your progress periodically and complete an Annual Review to continue service delivery without delay.
8. Reach an agreement with you and provide a written amendment for your signature if there are substantive changes in your plan.
9. Keep you fully informed throughout the process, including the opportunity for a full consultation when your case file (also called record of services) is closed.
Failure to cooperate, failure to make reasonable effort, or failure to maintain ongoing communication or scheduled appointments could result in loss of further services and closure of your file.

Case Closure

Your record of services (case file) may be closed for a variety of reasons.

The best reason, of course, is because you've been satisfactorily employed for at least 90 days. At that time your record of services can be successfully closed.

Other reasons for closing your record of services include:
- You are determined to be ineligible for services.
- You are not available to complete a needed assessment to determine your eligibility or priority for services.
- You cease contact with the DOR and your counselor cannot locate or contact you.
- You decline to accept, participate in, or use DOR services.
- You fail to cooperate in your Individualized Plan for Employment which could include your threatening a DOR employee. You engage in any criminal activity, including fraud, related to your applying for or receiving vocational rehabilitation services.

You will have the opportunity for a full consultation with your counselor before your record of service is closed.

You have a right to appeal any DOR action, including a DOR action to close your record of service.

Client Assistance Program (CAP)

If you encounter problems with the services provided by the DOR, you may request assistance from the Client Assistance Program (CAP). You are encouraged to try and resolve the problem first with your counselor or their supervisor. A CAP advocate may provide you with information, advice, and representation, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of your rights, and to help you access appropriate services. You may have assistance from the CAP at any point from the time you apply for services, until after you stop receiving services. It is always your right to bring a family member, representative, or CAP advocate to meet with the DOR staff. CAP advocates are independent advocates and not DOR employees.
If you cannot achieve resolution of your concerns at the local level, CAP may help you request, prepare for, and/or represent you at a Mediation Meeting, Administrative Review, or a fair hearing.

Client Assistance Program (CAP)

State-wide referrals

1-800-952-5544 (Voice)
1-866-712-1085 (TTY)

Administrative Review & Mediation

When your concerns are not resolved through your counselor or the Rehabilitation Supervisor at the local level, you can request an Administrative Review by the District Administrator. Again, CAP can assist you with this request.

Mediation is another option for resolving disputes with the DOR. Mediation is a voluntary, confidential, and problem-solving process, assisted by qualified, impartial mediators from outside the DOR.

The goals of mediation are to fully describe both sides of the conflict, explore options for resolving the problem, and reach mutually satisfying solutions.

This service is free to applicants, eligible individuals, and consumers. You are welcome to bring a representative for support during mediation.

For information on requesting mediation, please contact the Counselor, Supervisor, or District Administrator in your local district office. District office phone numbers are listed on pages 18-19.

Fair Hearing

If you are dissatisfied with any action of DOR relating to your application or to your services, you can request a “fair hearing” within one year after the DOR decision or action. This is your opportunity to have present the Rehabilitation Appeals Board for reconsideration. However, it may be to your benefit to work through the Administrative Review process discussed above, first, before requesting a formal fair hearing before the Appeals Board. Many problems can be resolved locally, informally, and more quickly.
The Board is composed of seven members who are appointed by the Governor. The fair hearing will be scheduled within 45 days unless you agree to a delay. At the hearing, you may appear in person, may be accompanied by a representative or have someone attend for you. Rather than appearing at a hearing, you may ask the Board to review the decision based on written documents that you submit. The Board is responsible for reviewing the DOR decision or action in relation to rules and regulations that control DOR, and issue a written decision within 45 days of the hearing. Requests for fair hearing forms are available from the DOR staff and should be mailed to:

Rehabilitation Appeals Board
Department of Rehabilitation
P.O. Box 944222
Sacramento, CA  94244-2220
(916) 558-5860 Voice
(916) 558-5862 TTY

If you are not satisfied with the decision at the fair hearing, you have the right to file a petition for writ of mandate within six months, with the California Superior Court.
Confidentiality

The Department is committed to keeping any information you provide confidential.

The Information Practices Act of 1977, California Civil Code, Sections 1798 et seq., guarantees you certain rights:

- **Right to privacy:**

  Only information about you that is relevant and necessary to carry out the purpose of the Department's program will be collected. The information will be used only in processing your program of services, including resolving consumer complaints or appeals. Some personal information may be shared with the Social Security Administration in order to verify that you are eligible for services.

- **Right to access:**

  You may request access to any of your records that are maintained by the DOR. The DOR shall promptly let you or your chosen representative inspect, or shall provide you copies of any document or item of information in our case record for ten cents per page. The DOR will waive the costs of file copies if the number of pages requested is fewer than 100.

- **Right to request an amendment to your case service record:**

  You can seek correction of any misinformation in your record by making a request to your counselor. The request should be in writing and as specific as possible. If the Rehabilitation Supervisor does not agree with your amendment to the record, you may request an Administrative Review or fair hearing. (See pages 13-14.) If the results of the review or hearing do not agree with your amendment to your record, you may submit a written statement of reasonable length with your views of the disputed information. This statement will be put in your records.
Disclosure

The DOR, generally, cannot release consumer information without receiving authorization from you, the consumer. A consumer must sign an appropriate release form before the DOR can release information to anyone, including information to a family member unless there is a court order or a law that requires us to disclose.

All persons allowed access to your records are prohibited from redisclosing this information to anyone else without your specific, informed, written consent.

Discrimination

It is the DOR’s policy to serve all qualified persons with a disability without discrimination based on their protected status, including: physical or mental disability, age, sex, color, ethnic group, race, national origin, ancestry, religion, medical condition, sexual orientation, or marital status.

Sometimes the DOR’s regulations or policies may not let your counselor approve a service you requested and your request will be changed or denied. This type of decision is a disagreement, but is not discrimination. However, a disagreement or decision could be discrimination if the reason your counselor disagrees with you or denies your request is because of your race, your age, your disability, or another protected status noted above.

You have a right to have disagreements with your counselor settled by someone other than your counselor. You have a right to call an advocate in CAP to help you settle the disagreement (see page 13). You also have the right to ask for an Administrative Review, Mediation, and/or fair hearing to settle the disagreement (see pages 13-14). These processes can settle most disagreements. If you have information that the disagreement was because of your race, your age, your disability, or another protected status, you have a right to file a discrimination complaint to settle the problem, within 180 days from the date of the discriminatory action. There are three ways to file a discrimination complaint:

1. Contact the District Administrator and ask for an Administrative Review related to discrimination. Explain why you think the disagreement or denial is based on discrimination. Because the District Administrator is located closest to your service delivery, she or he may be able to settle your complaint directly and more quickly than other complaint methods. Your District Administrator can be reached using Contact Information on pages 18-19.

2. Contact the Department’s Office of Civil Rights (OCR) and provide information supporting your belief that the disagreement or denial is based on discrimination rather than on the DOR’s policies or regulations and give your ideas on how to resolve the complaint. OCR will conduct an investigation if appropriate and let you know the outcome. Contact OCR at:
3. Contact the U.S. Department of Education, Office For Civil Rights (USDOE OCR). Explain your disagreement or denial and provide information supporting why you think it is based on discrimination. USDOE OCR may investigate your complaint and work with the DOR to resolve as appropriate.

U.S Department of Education
Office for Civil Rights
50 Beale Street, Ste. 7200
San Francisco, CA 94105
(415) 486-5555 Phone;
(877) 521-2172 TTY

Where To Find Information

www.dor.ca.gov

Northern/Central Division

Greater East Bay
1485 Enea Court, Suite 1100
Concord, CA 94520-5228
(925) 602-3953
(925) 689-1798 FAX
(925) 676-5623 TTY

Northern Sierra
721 Capitol Mall, Suite 110
Sacramento, CA 95814-4702
(916) 558-5300
(916) 558-5303 FAX
(916) 558-5302 TTY

Redwood Empire

50 D Street, Suite 425
Santa Rosa, CA 95404-4764
(707) 576-2233
(707) 576-2239 FAX
(707) 576-8212 TTY
San Joaquin Valley
2550 Mariposa Mall, Rm. 2000 P.O.
Box 24001
Fresno, CA 93779-9889
(559) 445-6011
(559) 445-6528 FAX
(559) 266-3373 TTY

San Jose

100 Paseo de San Antonio

Room 324
San Jose, CA 95113-1479
(408) 277-1355
(408) 277-1270 FAX
(408) 277-4129 TTY

Santa Barbara
509 E. Montecito Street, Suite 101
Santa Barbara, CA 93103-3216
(805) 560-8130
(805) 560-8162 FAX
(805) 560-8167 TTY
Southern Division

**Greater Los Angeles**
3333 Wilshire Blvd, Suite 200
Los Angeles, CA 90010-4101
(213) 736-3904
(213) 736-3949 FAX
(213) 736-3960 TTY

**Greater Los Angeles**
3333 Wilshire Blvd, Suite 200
Los Angeles, CA 90010-4101
(213) 736-3904
(213) 736-3949 FAX
(213) 736-3960 TTY

**Los Angeles South Bay**
4300 Long Beach Boulevard
Suite 200
Long Beach, CA 90807-2008
(562) 422-8325
(562) 864-2776
(562) 422-9276 TTY

**Los Angeles South Bay**
4300 Long Beach Boulevard
Suite 200
Long Beach, CA 90807-2008
(562) 422-8325
(562) 864-2776
(562) 422-9276 TTY

**Orange/San Gabriel**
222 S. Harbor Boulevard
Suite 300
Anaheim, CA 92805-3701
(714) 991-0800
(714) 991-0843 FAX
(714) 991-0842 TTY

**Orange/San Gabriel**
222 S. Harbor Boulevard
Suite 300
Anaheim, CA 92805-3701
(714) 991-0800
(714) 991-0843 FAX
(714) 991-0842 TTY

**Inland Empire**
3130 Chicago Avenue, Suite 5
Riverside, CA 92507-3445
(951) 782-6650
(951) 782-6676 FAX
(951) 782-3296 TTY

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3130 Chicago Avenue, Suite 5
Riverside, CA 92507-3445
(951) 782-6650
(951) 782-6676 FAX
(951) 782-3296 TTY

**San Diego**
7575 Metropolitan Drive
Suite 107
San Diego, CA 92108-4402
(619) 767-2100
(619) 767-2156 FAX
(619) 767-2159 TTY

**San Diego**
7575 Metropolitan Drive
Suite 107
San Diego, CA 92108-4402
(619) 767-2100
(619) 767-2156 FAX
(619) 767-2159 TTY

**Van Nuys/Foothill**
5900 Sepulveda Boulevard
Suite 240
Van Nuys, CA 91411-2511
(818) 901-5024
(818) 901-4316 FAX
(818) 901-5086 TTY

**Van Nuys/Foothill**
5900 Sepulveda Boulevard
Suite 240
Van Nuys, CA 91411-2511
(818) 901-5024
(818) 901-4316 FAX
(818) 901-5086 TTY

Ticket To Work Hotline
1-866-449-2730
1-866-359-7705-TTY

Ticket To Work Hotline
1-866-449-2730
1-866-359-7705-TTY

Client Assistance Program
1-800-952-5544
1-866-712-1085-TTY

Client Assistance Program
1-800-952-5544
1-866-712-1085-TTY
The DOR is an Equal Opportunity Employer / Program

NOTICE TO NON-ENGLISH SPEAKERS

If you are an applicant, a consumer or a person seeking information from the DOR, you have the right to communicate with the DOR staff in your primary language.

Please tell us if it is difficult for you to understand or to speak English and we will get help to communicate in your language.

If you want to report or complain about a language barrier with the DOR staff, please ask to speak with the Rehabilitation Supervisor in your local office to resolve the language barrier.

This publication can be made available in Braille, large print, computer disk and tape cassette. Requests should be made to:

Department of Rehabilitation
External Affairs
(916) 558-5817 Public
(916) 558-5807 TTY
externalaffairs@dor.ca.gov
STATE OF CALIFORNIA                                                                                                                 DEPARTMENT OF REHABILITATION
CONSENT TO RELEASE NON-MEDICAL PERSONAL/CONFIDENTIAL INFORMATION
DR 264 (REGS/Rev. 01/90)

See Reverse for Important Notices
De favor de leer el otro lado de esta pagina

<table>
<thead>
<tr>
<th>To</th>
<th>Applicant/Client's Full Name (Print)</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Name/Title of Person/Firm</td>
<td>Other Identifying Name</td>
</tr>
</tbody>
</table>

I hereby consent to and authorize the Department of Rehabilitation to:

- [ ] obtain from you the following information:
- [ ] release to you the following information:

Description of information to be released:

---

I understand that I have the right to receive a copy of this signed authorization

I understand that this consent shall be valid for a period not to exceed 30 days, unless otherwise specified*, from the date this consent is signed.

*Specified date, if other than 30 days.

(Stamp, print or type)

From / [ ] Send Information to:

Applicant/Client's Signature | Date

Parent or Guardian's Signature (required for minor)

If unable to write his/her name, the applicant/client should enter an "X" or other mark, signatures of two witnesses are required.

Witnesses’ Signature

Telephone

Rehabilitation Counselor

Witnesses’ Signature

DISTRIBUTION: Copy 1 (Original) - Addressee Copy 2 - Case File Copy 3 - Applicant/Client
NOTIFICATION OF THE INFORMATION PRACTICES ACT OF 1977

If information is being OBTAINED from you, you should be aware that under State law and departmental regulations, all information you supply to the Department of Rehabilitation is maintained in files that are subject to inspection by the applicant/client.

If information is being RELEASED to you, you should be aware that this is confidential information from the records of the California Department of Rehabilitation. State law and departmental regulations prohibit you from making any further disclosure of this information without informed, written consent of the person to whom this information pertains.

AVISO DEL LAS REGLAS TOCANTE EL ACTO DE 1977 DE INFORMACION

Si usted va a DAR información, debe de saber que esta es información confidencial contenida dentro de los archivos del Departamento de Rehabilitación estatal. Leyes estatales y regulaciones departamentales le prohíben a usted hacer cualquier otra revelación de esta información sin el consentimiento informado y escrito de la persona de quien pertenece esta información.

Cuando usted nos entrega información debe de saber que bajo la leyes estatales y regulaciones departamentales, toda la información que usted le de al Departamento de Rehabilitación se mantiene en archivos que pueden ser inspeccionados por el solicitante/cliente.

STATEMENT OF NONDISCRIMINATION

The Department of Rehabilitation affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group identification, national origin, race, color, creed, religion, sex, age, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.

DECLARACION CONTRA LA DISCRIMINACION

El Departamento de Rehabilitación declara que está de acuerdo con las leyes federales y estatales y no establecerá negocios con agencias o organizaciones si se da cuenta que la discriminación existe contra personas por razón de su grupo étnico, raza, color, origen nacional, religión, sexo, credo, edad, orientación sexual, incapacidad física o mental, condición médica, estado civil o ascendencia.
STATE OF CALIFORNIA
CONSENT TO RELEASE MEDICAL INFORMATION
DEPARTMENT OF REHABILITATION
DR 264A (REGS/Rev. 11/04)

See Page 3 for Important Notices

Individual/Facility Name & Address: 
Consumer Full Name: 
Consumer Address: 

Name/Title of Person/Firm: 
Social Security Number: 
Date of Birth: 

Nature of Treatment: 
Date Last Treated: 
Other Identifying Name: 
Clinic or P.F. #: 

CONSENT TO OBTAIN MEDICAL INFORMATION:
I authorize the above listed individual/facility to furnish to the Department of Rehabilitation (DOR) my records containing medical history, treatment, and diagnosed mental and physical condition, including disabilities such as drug, alcohol, and psychiatric, or the result of any HIV test performed. This information will be included in my case record and used to assist in the determination of eligibility and, if eligible, subsequent vocational rehabilitation services. The DOR may not disclose the information received without my signed consent for each disclosure unless the disclosure is specifically required or permitted by law. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

Particularly requested is information from _____ to _____ regarding 
my current general health status, including specific information pertaining to:

My signature below verifies that I have read the notifications on page 3 of this form and have received a copy of these notifications.

I understand that I have the right to receive a copy of this signed authorization.

Consumer Signature: (If minor or using "mark", see Box B and/or C) 
Date Signed: 

Box A - Specified date, if other than 30 days: 
Consumer Signature: 
Date Signed: 

Box B - Parent or Guardian Signature (required for minor): 
Date Signed: 

Box C - If unable to write his/her name, the consumer should enter an "X" or other mark above. Signatures of two (2) witnesses are required.
Witness Signature: 
Date Signed: 
Witness Signature: 
Date Signed: 

Send Information To: 
Department of Rehabilitation 
Rehabilitation Counselor: 
Telephone: 
Check if TTY: 

DISTRIBUTION: Original - Addressee Copy - Case Record Copy - Consumer
CONSENT TO RELEASE MEDICAL INFORMATION:
I authorize the Department of Rehabilitation to release medical/dental/allied health information from my case record as shown below. This information may not be further disclosed without my signed consent. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

Release Information to (Name & Address of Individual or Facility):

Information to be released is limited to:

My signature below verifies that I have read the notifications on page 3 of this form and have received a copy of these notifications.

I understand that I have the right to receive a copy of this signed authorization.

<table>
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<tr>
<th>Consumer Signature: (If minor or using &quot;mark&quot;, see Box B and/or C)</th>
<th>Date Signed:</th>
</tr>
</thead>
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</tbody>
</table>

Information Released By:
Department of Rehabilitation

Rehabilitation Counselor:

Telephone: Check if TTY:

DISTRIBUTION: Original - Addressee Copy - Case Record Copy - Consumer
NOTIFICATION TO CONSUMER
A consumer may refuse to allow the Department of Rehabilitation (DOR) to obtain medical information and may line out any form language and initial the change. If medical information is not obtained to substantiate a disability, it may result in a finding of ineligibility for services. If the consumer wishes to disallow the DOR to release specific medical information contained in the consumer's file to outside entities, s/he may refuse to sign the release.

NOTIFICATION OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
You have the right to revoke this authorization by providing written notice to your Rehabilitation Counselor or the local office serving you. If you revoke the authorization it will not affect information already used or released before we received your written notice.

The federal Health Insurance Portability and Accountability law (HIPAA) may not protect information after it is released or provided to agencies not covered by that law. Even though the DOR does not fall under HIPAA legislation, the DOR does adhere to federal and state confidentiality requirements.

NOTIFICATION OF THE INFORMATION PRACTICES ACT OF 1977
This is confidential information from the records of the DOR. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed written consent of the person to whom this information pertains. Under State law and departmental regulations, all information that you supply to the DOR is maintained in the consumer's file and is subject to inspection by the enclosed named individual and other authorized person(s) and agencies.

PRIVACY STATEMENT
The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to properly identify the individual to ensure that the DOR provides services to the correct individual. Failure to provide the information requested may result in delays in services. Department authority: Welfare & Institutions Code Sec. 19005, 19005.1, 19010.

STATEMENT OF NONDISCRIMINATION
The DOR affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group identification, national origin, race, color, creed, religion, sex, age, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.