



State of Illinois
Department of Human Services
Division of Rehabilitation Services
Consent for Services

I hereby give consent (permission) for _____
(Student's Name)

to receive and participate in vocational rehabilitation services that will lead to employment.

(Parent or Guardian Signature)

(Date)

Student's social security number: _____ - _____ - _____
*Required by DHS to receive services

Projected graduation date: _____

Expected Outcome (circle one):

- Competitive Employment
- Supported Employment
- 4 Year College
- 2 year College
- Vocational Training

