

**STATE OF FLORIDA, DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION (VR)
YOUTH PEER MENTORING SERVICES REFERRAL FORM**

Customer Name:	Customer VR ID:	Date of Referral:
Customer Address:	City/State/Zip:	Customer Telephone #:
Chosen Provider:	Employment Outcome (if applicable)	

VR Youth Peer Mentoring is an intensive, time-limited service which uses “like-aged” peers who help youth learn how to self-advocate for the social and professional supports needed to effectively transition into postsecondary training, education, and employment.

Attach authorizations to this referral, including:

- Authorization for the first benchmark, Plan and Mentor Assignment (Y10501 or E10501)
- Authorization with the number of hours of service, (Y 10502 or E10502)
 - In the "Notes" section of the Authorization module, state the services that are being requested in the Service Plan section below.

Section 1 - Service Plan

The VR Counselor will work with the youth to identify organizations within a minimum of two (2) service categories. One organization must be selected from Section A - Community Service Organization. The second and any additional organizations may come from any category: A, B or C.

A. Community Service Organizations (At least one organization must be selected from this section)

- Center for Independent Living
- Disability Support Group
- CareerSource (Workforce Center)
- Disability Services Office (CTE, College or University)
- Other organization providing direct services:

B. Social Engagement Support Groups

- Disability Supported Recreation (e.g. SportsAbility or Florida Outdoors Sports Association)
- Volunteer Organizations
- Boys and Girls Clubs, Explorers, and Scouting
- Faith Based Organizations
- Other activities or organizations that engage youth socially and provide support:

C. Employment Related Networks

- Professional Career Networking (e.g. LinkedIn, Indeed, or LinkUp, etc.)
- Social Career Networking (e.g. Facebook, Twitter, Instagram, or Pheed, etc.)
- Participating Member of Professional Organization (dependent on career field/focus)
- Career Based Message Boards (dependent upon career field/focus)
- Other organizations that establish a career related network and provide resources:

Number of service hours initially authorized: _____ Hours

My VR Representative and I have discussed and agree that the services described above will assist me in my efforts to prepare for, obtain and maintain employment.

Customer's Signature

Date

**STATE OF FLORIDA, DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION (VR)
YOUTH PEER MENTORING SERVICES REFERRAL FORM**

Support Documentation (if applicable)

Attached documents will be used to secure the services identified on the previous page (Check all included documents)

Medical Reports	504 Plan
Individual Educational Plan	Vocational Evaluation Reports
Psychological Reports	Individualized Plan for Employment
Other:	

Section 2 – Mentor Matching

Matching the VR customer to an appropriate mentor is an important first step to the success of the mentor/mentee relationship. The VR customer is offered the opportunity to advocate for the type of mentor they are paired with.

The following preferences have been discussed with the customer and were requested. The selections below are not mandatory requirements. The provider should attempt to match the youth to their preferences to the extent that is possible though a complete match is not expected nor required.

Gender	Race	Age (Mentors must be at least 18 years old)
Male	American Indian/Alaska Native	18-19
Female	Black or African American	20-21
No Preference	Native Hawaiian or Other Pacific Islander	22-25
	Asian	No Preference
	White	
	No Preference	

Other Preference (Specify):

Customer's Interests, Hobbies and Career Aspirations (The VR Counselor should enter any information about the customer that may assist the provider in making an appropriate match to a Mentor (e.g. "Interested in technology, draws as a hobby, and wants to work in the digital animation field."))

Section 3 – Mentor Assignment

The Provider must complete this section and return the signed form to VR within fifteen (15) business days of referral.

This individual is accepted for Youth Peer Mentoring services and I have assigned the following Peer Mentor:

This referral will be closed without provision of Youth Peer Mentoring services because:

- The individual missed scheduled appointments.
- The individual declined services.
- The individual experienced medical instability and cannot participate in services at this time.
- The individual left the area and is not expected to return.
- Other

Provider's Signature

Date