

Section 511 Career Counseling and Information and Referral (CC&IR)**Request for Initial CC&IR Services**

DR397R (New 01/21)

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14(c) Worker Name/CC&IR Recipient	Preferred Name
Street Address, City, and Zip Code	Phone Number
Date of Birth	Email Address
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State

What is your race and ethnicity? (check all that may apply)


- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> Decline to State |

Need an Interpreter?	Primary Source of Support (select one)
<input type="checkbox"/> Yes	<input type="checkbox"/> All Other Sources <input type="checkbox"/> Personal Income <input type="checkbox"/> Decline to State
Language _____	<input type="checkbox"/> Family and Friends <input type="checkbox"/> Public Support (SSI, SSDI, TANF, etc.)
Regional Center Name	UCI#

Legal Guardian/Conservator Name		
Relationship	Email Address	Phone Number

14(c) WORKER/CC&IR RECIPIENT CONSENT FOR RELEASE AND SHARING OF REQUESTED INFORMATION

I give permission to the 14(c) Employer and the Department of Rehabilitation to share information relevant to my CC&IR services with each other, and with the Regional Center listed above as appropriate.

14(c) Worker/CC&IR Recipient Signature 	Print Name	Date
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LEGAL GUARDIAN/CONSERVATOR CONSENT [IF REQUIRED]

I declare that I am the legal guardian/conservator of the 14(c) Worker/CC&IR Recipient named above and I have the legal right to authorize this consent.

Authorized Signature 	Print Name	Date
To be Completed by 14(c) Certificate Holder/Employer Representative:		
14(c) Certificate Holder (Employer) Name of Record	14(c) Employer Work Site Name (If different)	
Street Address, City, Zip Code	14(c) Employer Email Address	14(c) Employer Phone
14(c) Worker/CC&IR Recipient Wage Earning Start Date _____ Average Hourly Wage _____ Work Setting <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Group Placement	DOL 14(c) Worker/CC&IR Recipient Primary Impairment <input type="checkbox"/> Intellectual/Developmental <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Psychiatric <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Age Related <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other (Specify) _____	
Authorized 14(c) Employer Representative Signature 	Print Name/Title	Date

FORM PURPOSE AND COMPLETION INSTRUCTIONS

This form is intended for use by the 14(c) Employer Representative in collaboration with the 14(c) Worker to notify the Department of Rehabilitation (DOR) of the request for Career Counseling and Information and Referral (CC&IR) services for an individual newly hired for subminimum wage employment. Pursuant to Workforce Innovation and Opportunity Act Section 511 [34 CFR 397](#), the DOR must provide, at certain prescribed intervals for the duration of such employment, career counseling and information and referral services, designed to promote opportunities for competitive integrated employment, to individuals with disabilities, regardless of age, who are known to be employed at subminimum wage. In support of the Home and Community-Based Services Final Rule, individuals working in a non-integrated employment setting may also request CC&IR services to learn about their options and services to pursue competitive integrated employment.

1. **14(c) Worker/CC&IR Recipient:** Complete the top portion of this form. This information will be used to:
 - a. Identify and record the appropriate Career Counseling and Information and Referral (CC&IR) services that will support the individual's goals.

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- b. Partner with the 14(c) Employer and Regional Center regarding the coordination of potential employment and support services, as appropriate.
 - c. Conduct aggregate analysis of demographic data trends that support quality services.
2. **14(c) Worker/CC&IR Recipient and Guardian Conservator, as appropriate:** Review the information provided for accuracy, and sign to designate approval for the 14(c) Employer to submit the form to the DOR Achieving Community Employment (ACE) Team.
3. **14(c) Employer Representative:**
 - a. Review the information provided; and, complete the bottom portion and sign the form.
 - b. Submit completed, signed form to DOR ACE Team 511 CCIR@dor.ca.gov.
 - c. Retain a copy for your records.
4. **DOR ACE Team:** Upon receipt of this form, the ACE Team will:
 - a. Assign the new 14(c) Worker/CC&IR Recipient to the regional ACE Rehabilitation Counselor and open a DOR record of services to document the CC&IR services needed and provided.
 - b. Schedule person-centered CC&IR services that meet the individual's needs and employment related interests.

PRIVACY STATEMENT

An individual, with the Legal Guardian or Conservator if applicable, has the right to inspect information maintained by DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact DOR.

If information is released to an individual or agency with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from DOR is confidential. Federal regulation and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.

Any personal information collected by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5 (34 C.F.R. § 361.38(e) (4) and (5)).