

Youth Ages 24 and Under Seeking a Subminimum Wage Job: Documentation of Refusal

Per Federal [Workforce Innovation and Opportunity Act \(WIOA\)](#) regulations, VRS must provide this form to the youth within 10 calendar days of refusal.

Youth Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

I am refusing to (check one or more activities that apply):

- | | |
|---|---|
| <input type="checkbox"/> Apply for Vocational Rehabilitation Services (VRS) | <input type="checkbox"/> Participate in pre-employment transition services |
| <input type="checkbox"/> Participate in IDEA (special education) transition services or activities as outlined in my Individualized Education Program (IEP) | <input type="checkbox"/> Develop a VRS Employment Plan |
| | <input type="checkbox"/> Participate in services outlined in my VRS Employment Plan |

Reason(s) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> My benefits will go down | <input type="checkbox"/> No job skills |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Housing problems |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Work history (getting fired, bad experiences, or never had a job) |
| <input type="checkbox"/> No supports or help from other places | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Poor health | |

Comments:

I understand that refusing to participate in any of the above activities means that I may not be able to work in a job that pays a subminimum wage until I turn age 25.

I also understand that I can choose to apply/ re-apply for VRS at any time.

Youth Signature

Date

Parent/ Guardian/ Conservator/ Authorized Representative Signature, if needed

Date

Name of VRS or Education Staff

VRS or Education Staff Signature

Date

Signature of education staff providing this form to VRS (if applicable)

Date Provided

If applicable, Education staff must deliver this form to VRS within 5 calendar days of the refusal. Method of delivery of this form from education to VRS (check one):

Hand-delivered

Faxed

Mailed

Other (please specify): _____

E-mailed

For VRS Purposes Only

Signature of VRS Staff Providing this Form to Youth

Date Provided

Method of delivery of this form from VRS to the youth (check one):

Hand-delivered

Faxed

Mailed

Other (please specify): _____

E-mailed