

Dear Interested Participant,

This summer Vinceremos is partnering with the Palm Beach Habilitation Center to provide a Pre-Employment Training Program for students ages 14-21. The program content will focus on developing employability skills in our stable environment. You are receiving this letter because in the past your child has participated in a Vinceremos program and our staff thought they may have an interest in participating in this program. This is an unmounted program and will develop skills in general horse care, and stable maintenance. As always at Vinceremos, we will have fun learning about and caring for our incredible horses!

Our Pre-Employment Training program will run weekly from June 21 to August 2 for the summer of 2021. This one week program will provide work-based learning experiences at the farm and work readiness training. This program is funded in partnership with Vocational Rehabilitation (VR), the Palm Beach Habilitation Center and Vinceremos. It requires VR approval to participate. See the enclosed referral form.

Session Schedule

June 21-25	Noon- 4:00 pm
June 28-July 2	Noon- 4:00 pm
July 12-16	Noon- 4:00 pm
July 19-23	Noon- 4:00 pm
July 26-30	Noon- 4:00 pm
August 2-6	Noon- 4:00 pm

Sincerely,

Ruth Menor
Founder and Chief Programs Officer

Steps to participate in the program.

Complete and return to Vinceremos Pre-Employment Training Program Interest Form (enclosed)

Complete the "Referral to Vocational Rehabilitation(VR)" form (enclosed). You will need to contact the VR office to submit the application and start the approval process. Keep in touch with Vinceremos to let us know the status of your application or if you need support in managing this process.

Upon approval contact Vinceremos to arrange your schedule.

Palm Beach Habilitation Center & Vinceremos
Pre Employment Program Interest Form

Client Information

Client Name _____ DOB _____ Age _____

Male ____ Female ____ Diagnosis Primary / Secondary _____

Address _____ City _____ Zip _____

Email: _____ Phone _____

Parent/Guardian Information Please check if address is the same ____

Parent / Guardian Name _____

Address _____ City _____ Zip _____

Email: _____ Phone _____

School or Institution attending _____

Height _____ Weight _____

Medical History

Please list any medications you are currently taking _____

Do you have any allergies? _____

Do you use any of the following aids?

Hearing Yes No

If yes , then describe _____

Vision Yes No

If yes, then describe _____

Mobility Yes No

If yes, then describe _____

Please list any other medical conditions that may affect your ability to train outdoors



Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job. Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the [VR Website](#) and click on "Contact Us." Then select "Directory of Local VR Offices and Vendors;" or call toll free (800)-451-4327.

Date of Referral _____

Name of Individual (Please Print)		Date of Birth		Social Security Number	
Address (Home)		City		State	Zip
Address (Mailing)		City		State	Zip
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell			Additional Contact Name		
Additional Contact Phone Number			Additional Contact Email		
What is the best method of contact? (Select one)					
<input type="checkbox"/> Email		<input type="checkbox"/> Mail		<input type="checkbox"/> Phone	<input type="checkbox"/> Other (specify) _____
Can VR leave a message at the number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify					
Email Address			Have you ever received services from VR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Level					
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Ethnicity					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Does not wish to disclose or self-identify	
Race (Check all that apply)					
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White	<input type="checkbox"/> Does not wish to disclose or self-identify		
Accommodations					
Do you require an Interpreter?		<input type="checkbox"/> Yes, ASL		<input type="checkbox"/> Yes other, specify language:	
Do you require translated documents		<input type="checkbox"/> Yes			
Do you require an assistive listening device?		<input type="checkbox"/> Yes			
Do you require any other accommodations for your impairment?				<input type="checkbox"/> Yes If so, please explain:	
What impairment prevents you from working?					
How can VR help you become employed?					
How did you hear about us?					
Agency/Vendor/School: PB Hab Ctr.		Contact Person: Dayna Morgan		Phone #: 561-965-8500	

For Office Use Only	Received Date : _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax
	Contact Date: _____	Contacted by: _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
	Orientation Scheduled: _____	Date: _____	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Video
	Additional Notes: _____				
	Outcome of Referral		<input type="checkbox"/> Completed Application	<input type="checkbox"/> Decided not to apply	<input type="checkbox"/> Missed Orientation
		<input type="checkbox"/> Completed Orientation	<input type="checkbox"/> Other _____		

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of federal grant funds awarded were \$153,000,001. The remaining 21.3 percent of the costs (\$41,409,148) were funded by Florida State Appropriations. (11/2020)

Transportation:

Do you have transportation Yes _____ No _____

Contact information for transportation Provider _____

I need to apply for transportation assistance _____

I am interested in attending week(s)*

1st Choice _____

2nd Choice _____

3rd Choice _____

* On a case by case basis VR may approve a second week of training if there is evidence that it would further benefit the client.

Vocational Rehabilitation Offices

Dawn Stricklin supervisor at Greenacres (main referral source)

Dawn.Stricklin@vr.fldoe.org 561-808-1900

6803 Lake Worth Road, Suite 200

Greenacres, FL 33467

Henrietta Tennell supervisor at Central office

Henrietta.Tennell@vr.fldoe.org 561-650-6804

400 N. Congress Ave., Suite 300

West Palm Beach, FL 33401-2912

Carla Leaty - North office -

Carla.Leaty@vr.fldoe.org 561-624-6909

400 N. Congress Ave., Suite 300

West Palm Beach, FL 33401-2912

Shanqua Sims-Brown - South office -

Shanqua.Sim-Brown@vr.fldoe.org 561-544-4657

Congress Corporate Plaza

902 Clintmoore Rd., Suite 118

Boca Raton, FL 33487-2846

