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We are from the University of Illinois Urbana-Champaign, working in collaboration with the Illinois Department of Human Services Division of Rehabilitation Services. We would like to ask if you would be in a demonstration project called the SWTCIE Illinois Demonstration Project. A demonstration project is a way to find out new information about something. We are asking you to be in this demonstration project because we want to learn more about persons like you interested in working in the state of Illinois.

We want you to be in this project because you are interested in finding a new job and have a disability. If you decide to be in this demonstration project and your guardian/legally authorized representative agree, we will ask you questions about you and your work and use information collected by the people helping you find and keep your job. Only the project evaluators or others who are doing their jobs will be able to see the information about you from this demonstration project.

It is okay to ask questions. If you don't understand something, you can ask us. We want you to ask questions now and anytime you think of them. If you have a question later that you didn't think of now, you can contact your DRS counselor or employment specialist, or ask us the next time we see you.

You do not have to be in this project if you don't want to. Even if you say yes now, you can change your mind later and tell us you want to stop. We will also ask your guardian/legally authorized representative to give their permission for you to be in this project. But even if they say "yes," you can still decide not to be in the demonstration project.

By signing your name at the bottom, it means you agree to be in this project. You and your guardian/legally authorized representative will be given a copy of this form after you signed it.

Printed Name

Name of DRS/Vocational Rehabilitation Counselor

Sign your name on this line

Signature of DRS/Vocational Rehabilitation Counselor

Date

Date

Name of Guardian/Legally Authorized Representative

Signature of Guardian/Legally Authorized Representative

Date

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