BEST STEP 2027 APPLICATION

IMPORTANT

- Some of this application must be completed by the Parent/Guardian and some by the Student/Applicant.
- Unless otherwise specified, applications must be submitted no later than March 2, 2027.

BEST STEP is a partnership between Oklahoma Department of Rehabilitation Services (DRS), Pre-Employment Transition Services (Pre-ETS), and employers across Oklahoma.

What is BEST (Building Employment Skills for Today)?

Intended for students with disabilities, BEST is a one-week summer program (Monday through Friday: 10 a.m. - 3 p.m. (**in select locations, Monday Through Thursday: 9 a.m - 3 p.m.**) where students will engage in activities to enhance their job search and career interest, workplace readiness to develop social and independent living skills, exploration of education and training programs for after high school, self-advocacy skills, peer mentorship, team- work and whole lot of fun!

What is STEP (Summer Transition Employment Program)?

Also intended for students with disabilities, participation in STEP is OPTIONAL. In the STEP portion of the summer, students will experience a part-time, paid* internship in their communities with job coaching assistance.

Important: Eligibility for the STEP program requires successful completion of the BEST program. Please note: Becoming a paid intern is subject to the availability of enough jobs/employers in each area. Onboarding/new hire documents and paperwork are required to become employed through STEP.

If you have questions about filling out this application or need to know who to return it to, please email TransitionTeam@okdrs.gov

What school do you attend?

If your school/district is a PRIVATE or a CHARTER school, what is the public school district you are assigned to?

APPLICANT (STUDENT) INFORMATION

Student legal first name (as it appears on ID and/or Social Security Card)

Student legal middle name (as it appears on ID and/or Social Security Card)

Student legal last name (as it appears on ID and/or Social Security Card)

Student DOB

Student grade entering in fall 2027

Student phone number

Student Email (*Do not* use school email or guardian email address)

Student address

If MAILING address is **different** than the physical address, what is the Mailing address?

PARENT/GUARDIAN INFORMATION

Guardian name

Guardian phone number

Guardian email address

Guardian relationship to student

EMERGENCY CONTACT INFORMATION

Emergency Contact name

Emergency Contact phone number

Emergency Contact email address

Emergency Contact relationship to student

DISABILITIES/CONCERNS

Please indicate items in the following list relevant to the student's condition.

- ☐ Hearing Impairment
- ☐ Learning Disability
- ☐ Cognitive Impairment
- ☐ Diabetes Mellitus
- ☐ Orthopedic
- ☐ Respiratory/Lung Condition
- ☐ ADHD
- ☐ Incontinence
- ☐ Mental Health Disorder
- ☐ Autism Spectrum Disorder
- ☐ Amputation
- ☐ Cardiac/Circulatory
- ☐ Other: _____

For the disabilities indicated, what (if any) accommodations are needed?
Examples: interpreter, large print, sensory tools, breaks, etc.

Does the applicant have behavioral concerns or a history of behavioral misconduct?
☐ Yes ☐ No

For any behavioral concerns, what (if any) accommodations are needed?

_____

_____

_____

What is the visual Impairment/Condition (if any)?
☐ None
☐ Totally blind
☐ Legally blind
☐ Severe vision impairment

For the visual conditions indicated, what (if any) accommodations are needed?

_____

_____

_____

DIETARY
Please indicate any dietary concerns
☐ None
☐ Vegetarian
☐ Vegan
☐ Kosher
☐ Halal
☐ Gluten-free
☐ Soft foods
☐ Food allergies
☐ Other: _____

Please provide dietary suggestions related to your response to the previous question:

_____

_____

_____

Is the applicant a client of Oklahoma Department of Rehabilitation Services (DRS)?

☐ Yes ☐ No ☐ No, but would like an application sent to me

☐ Applied, waiting for response/confirmation

What is the name of the DRS counselor if one has been assigned?

_____

HIGH SCHOOL INFORMATION

High School Teacher of Record name

_____

High School Teacher of Record email address

_____

High School Teacher of Record school

_____

Has the applicant attended either BEST only or BEST STEP in the past?

☐ Yes ☐ No

Student T-shirt size

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ Other: _____

INFORMATIONAL AND DISCLAIMERS

IMPORTANT NOTE ON APPLICANT BANK ACCOUNT: Applicants Bank Account (checking or saving) and Applicants Direct Deposit is required along with the routing number and account number for working. A bank letter including this information will be required.

Options for receiving paychecks through mobile apps are available. Please ask at orientation or call for which mobile apps are options for receiving payments.

IMPORTANT NOTE ON THE I-9: Please note that the following is required to work through BEST STEP. Please have everything ready prior to orientation because without all required paperwork, employment cannot begin.

Required for summer employment through BEST STEP: The required (I-9 Information) ORIGINAL DOCUMENTS will need to be submitted at orientation:

Items from the following (Either from List A only or from List B and List C):

List A: Documents that can verify both the identity and eligibility for legal work (No Copies).

- U.S. passport or U.S. passport card
- Alien Registration Receipt Card or Permanent Resident Card with photograph, also known as a Green Card (Form I-551)

OR

List B: Documents that only verify the identity for legal work (No Copies).

If any of the previously listed documents are unavailable, a new hire would need to provide two separate documents, which could include one of the following List B documents in addition to one of the documents in List C.

- Driver’s license
- Photo ID (current)
- School ID with photo (under 18 and current)
- Native American tribal document

AND

List C: Documents that only verify the eligibility for legal work (No Copies).

- Social Security Card
- Birth Certificate

****No photocopies will be accepted**

Disclaimers for PARENT/GUARDIAN:

- I understand that BEFORE participating in this summer program, two forms of Identification will be required PRIOR to the start of the summer programs. If accepted, the youth's SS# and/or birth certificate will be required at the orientation.
- I understand that I may be asked to sign a photo/media release to allow the limited use of
- program photos and/or videos by Oklahoma Department of Rehabilitation Services (DRS) or other partner organizations involved in BEST STEP.
- I understand I will be responsible for transportation to and from all BEST STEP activities.
- I understand that participants in this program must be able to work independently.
- I understand that participants in this program must be fully independent with personal care including, but not limited to, the ability to recognize, manage, and attend to their own bathroom needs without reminders or assistance from staff.
- I understand that by agreeing to participate in this summer program, I will ensure my child fulfills all requirements of the program and is in attendance all required program days.
- I understand my child may be asked to leave the program if he or she is not fulfilling the program requirements or otherwise violates policies and procedures.
- I understand that engaging in sexual misconduct of any kind will result in dismissal from the program.

☐ I understand and agree with the above terms

☐ Decline

- I understand that acceptance to this program requires selection based in part on successful completion of an interview with program staff.
- If selected for an interview, a PARENT AND THE STUDENT must attend. Upon selection you will be contacted to schedule the date and time for an interview.

☐ I understand and agree with the above terms

☐ Decline

Disclaimer for STUDENT

- I understand that by participating in this summer program, I must abide by policies and procedures set forth by the Oklahoma Department of Rehabilitation Services, the affiliated school/school district, host, Pre-ETS leadership and staff, and the employer in which I will be placed for my summer job experience (STEP) including dress code and cell phone policy.
- I understand I must be on time, be present each day, pay attention and participate, and do my best to be a productive student.
- I also understand that I could be asked to leave the program if I am not fulfilling requirements of the program or violating any of the policies and procedures.

☐ I understand and agree with the above terms

☐ Decline

Which of the programs are you applying for?

☐ BEST Only (one week in the classroom)

☐ BEST and STEP (one week in the classroom plus an opportunity to work in a paid internship after BEST

STEP PREFERENCES

Please only fill out this section if you are applying for the STEP Internship portion of the summer

List your top three unique job interests such as working at a flower shop, working with animals, working outside, etc. Try not to list the same job more than once.

Internships are based on availability, but we will try our best to match you with a job based on your interests.

*Please list job interests in areas such as customer service, animals, technology, books, flower shop, coffee shop, etc.

Job interest area 1:

_____

Job interest area 2:

_____

Job interest area 3:

_____

Please indicate any specific jobs or types of work that would not be a good fit or that the applicant might be unable to work.

_____

Please indicate any dates in June or July that the applicant would not be available to work if they are selected for an internship.

_____

Parent/guardian signature Date:

_____ _____

EMAIL YOUR COMPLETED APPLICATION TO JRENTERIA@OKDRS.GOV

OR MAIL TO THE FOLLOWING ADDRESS IF NEEDED:

ATTN: JESSIE RENTERIA
7301 NW Expressway, Suite 200
Oklahoma City, OK 73132