

## Coordination of Funding for Employment Services

*For use with requests for Person-Centered Job Selection, Job Development, and Job Acquisition with Support and Stabilization*

Participant Name:

Social Security Number:

Primary Source of Service Plan Funding:

Employment Services Currently being Received:                      Person-Centered Job Selection                      Job Development

Job Acquisition with Support and                      Long-Term Supports

Stabilization                      None

Type of Employment Support Requested:

Why are Employment Supports being Requested?

Additional Information to Help us Understand the Request:

Does this Request Include a Change of Employment Service Provider?                      If yes, why was the change implemented?

Duration of the Person's Last Employment:                      Year(s)                      Month(s)

Approximate Beginning and Ending Dates of Previous Employment                      Beginning:                      Ending:

On average how many hours did the person work at this job each week?

What type of assistance did the person receive during employment?

How frequently was assistance needed?

On a typical day when assistance was needed, how much time was devoted?

If the person receives supports from a Waiver with Service Limits, How Much Time is available for Employment Services?                      Hours

**Office of Vocational Rehabilitation / DDID Use:**

CMS Search:

Case Status:                      Paid milestones days 30 and 60                      Paid milestones days 30, 60, 90 but no VR case closure                      Paid all milestones and VR case successfully closed

Service Recommendation:	Office of Vocational Rehabilitation	Medicaid Waiver	State General Funds
	New Case  \$50.00/hour for                      hours  Post-Employment		