



VR-572X (12/13)

AV #:	(7 digits)
ACCES-VR ID #:	(6 digits)
CaMS ID #:	(10 digits)

SUPPORTED EMPLOYMENT

VR-Intensive Service Plan

572X – Pre-Employment Assessment/Job Development Service

Provider Name:

NYS Fiscal System #:

Consumer Name:

Completed by:

Title :

Date:

Valued Outcome Expectations and Parameters:

Expectations:

1. Employment Goal(s) List: job titles, geographic location, work environment (If enclave or mobile crew, add justification provided for this choice of service):
2. Hours of work:
If the individual's goal is to work less than 30 HOURS per week, please indicate the reason(s):
 - Unable to work 30 hours due to limitations directly related to disability. Explain (utilize referral information):
 - Individual is not seeking 30 hours or more
 - Concern about loss of benefits
 - Other, please explain:
3. List individual's wage expectation:

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If the per hour wage expectation is below the current quality bonus targets (less than \$9.50 for Upstate or less than \$10.50 for Downstate), please explain why:

- 4. Preferred work schedule:
Is individual available for evening and/or weekend shifts? If no, specify reason(s):

- 5. List individual's key strengths/skills as observed or described in the referral, then apply them in your strategies below.

- 6. Did the individual participate in benefits advisement? Yes No

- 7. If No, does individual require benefits advisement prior to employment?
 Yes No

- 8. Does individual understand effect of income on benefits? Explain:

- 9. Will a PASS Plan be necessary?

Employment Related Barriers and Strategies for Addressing:

Common barriers related to disability include: limited job seeking skills, lack of resume, need for coaching to learn tasks, behavioral management concerns, time management issues, need for reasonable accommodations, effect of income on benefits, difficulty multi-tasking, transportation issues or any other barrier related to the individual's limitations.

BE SPECIFIC IN DESCRIBING STRATEGIES

Barrier	Strategies
1.	1.
	2.
	3.
2.	1.
	2.
	3.
3.	1.
	2.
	3.
4.	1.
	2.
	3.

Additional pages may be included if more barriers and strengths exist.

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6. Which agency will be the **Extended Services** funding source?

- OMH
- OPWDD
- ACCES-VR
- OPWDD Application Pending (specify current status):

7. Provide details regarding the need for long-term supports. Include anticipated needs and expectations for use of natural supports.

This plan has been discussed with each of the partners listed below and they are in agreement to the outline above: Yes No

Include the date of discussion.

Consumer Signature

Date

Provider Signature

Date

Discussed with and Agreed to by ACCES-VR VRC:

Yes No _____

Date