

VR-572X (12/13)

| AV #: | (7 digits) | |
|-------------|-------------|--|
| ACCES-VR II | | |
| 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:

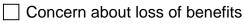
Expectations:

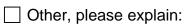
- 1. Employment Goal(s) List: job titles, geographic location, work environment (If enclave or mobile crew, add justification provided for this choice of service):
- 2. Hours of work:

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





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.

- 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 e | each of the p | partners listed below | v 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 t | o by ACCES-VR VRC: |
| ☐ Yes ☐ No | |

Date