**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Supported Employment Funding Request**

Used to request the Supported Employment budget component to be added for Community Based Supports, Individual Supports or Supported Employment services to assist the individual to keep or find a job.

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| **Identifying Information** | | |
| Individual’s Name: Click to enter text.  DDD ID#: Click to enter text.  Program Enrollment: Choose an item. | | NJCAT Score: Self-Care, Behavioral, Medical  Tier: Choose an item.  Assessment Date: Click to enter text. |
| Date of this request: Click to enter a date. | | End date of the current ISP: Click to enter a date. |
| Support Coordination Agency Name: Click to enter text. | | |
| Support Coordinator (SC) Name: Click to enter text. | | |
| Phone Number: Click to enter text. | Email Address: Click to enter text. | |
| Support Coordinator Supervisor (SCS) Name: Click to enter text. | | |
| Phone Number: Click to enter text. | Email Address: Click to enter text. | |

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| **Background** | |
| Please state the current ISP employment outcome under which Supported Employment is entered:  Click to enter text. | |
| Has additional funding for employment services been approved previously? | Yes No |
| **If Yes**, what is the date of the previous request: Click to enter a date. | |
| Have other ways to receive employment services, such as through the Division of Vocational Rehabilitation Services (DVRS), been explored with the Individual?  Please explain: Click to enter text. | Yes No |
| Is the [Employment Determination Form – (F3)](https://www.state.nj.us/humanservices/ddd/assets/documents/support/Employment-Determination-Form-F3-March-2023.docx) uploaded in iRecord? | Yes No |
| **If Yes**, what was the outcome of the vocational rehabilitation agency review? **If No**, please explain why not:  Click to enter text. | |
| Has the provider completed any vocational assessments? (For example: trial work | Yes No |
| experience, job sampling, situational assessments, etc.) ***If Yes, ensure copies are uploaded in iRecord.*** | |
| **If Yes**, what is the date of the assessment? Click to enter text. Who completed it? Click to enter text. | |
| Does the ISP contain services not **utilized** or not **needed**, which could be stopped to create room in the budget for employment services?  Please explain: Click to enter text. | Yes No |

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| Complete the following for each service the individual **currently receives**:  ***(To add additional rows, click on the last row and click the Plus Sign: +)*** | | | | |
| **Service Type** | **Provider Name** | **Frequency/Duration** | **Funding Source** | **Cost to Budget** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

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| The individual is currently ***(choose one)***: | Seeking Employment  Competitively Employed, **without** DVRS assistance  Competitively Employed, DVRS has recommended  DDD-funded Long Term Follow Along (LTFA) services |

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| **Employment Information *(If the individual is seeking employment, skip to the next section)*** | | |
| Name of Employer: Click to enter text. | | |
| Name of Contact Person: Click to enter text. | | |
| Phone: Click to enter text. | Email: Click to enter text. | |
| Start Date with Current Employer: Click to enter text.  Start Date in Current Position: Click to enter text. | Hours Scheduled per Week: Click to enter text.  Hourly Wage: Click to enter text. | |
| Current Position Title and Responsibilities: Click to enter text. | | |
| Does the position reflect the individual’s interests/abilities/preferences stated in the PCPT? | | Yes No |
| Please explain: Click to enter text. | | |
| Name of Service Provider: Click to enter text. | | |
| Name of Job Coach/Employment Specialist: Click to enter text. | | |
| Phone: Click to enter text. | Email: Click to enter text. | |
| What has been done to reduce the assistance needed from a job coach or staff member, for the individual to perform their job successfully? Click to enter text. | | |

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| **Request Information *(Use the checkboxes to indicate service(s) being requested and complete the table below)*** | | | | | |
| **Service Type** | | **Service Start and**  **End Dates** | **Rate per**  **Unit** | **# of Weekly Units** | **Total Cost**  **of Service** |
| Supported Employment |  | Enter Text | Enter Text | Enter Text | Enter Text |
| Community Based Supports |  | Enter Text | Enter Text | Enter Text | Enter Text |
| Individual Supports |  | Enter Text | Enter Text | Enter Text | Enter Text |
| Other ***(Name the Service)***: |  | Enter Text | Enter Text | Enter Text | Enter Text |
| Enter Text | | **Total Cost of Request:** | | | Enter Text |

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| Explain how additional funding would be used to assist the individual to keep or find a job:  Click to enter text. |
| Explain how the Service Provider plans to fade supports:  Click to enter text. |

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| **Required Documentation, *IF* Employed** *(Ensure these documents are uploaded in iRecord. If unable to obtain from the provider, document efforts in iRecord and contact* [DDD.EmploymentHelpdesk@dhs.nj.gov](mailto:DDD.EmploymentHelpdesk@dhs.nj.gov) *as needed.)* |
| Intervention Plan  Service Logs or Pre-Employment Service Logs, from the start of the current plan term  Day Habilitation Activities Log (if applicable), from the start of the current plan term |

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| ***This form is completed by:*** | |
| Name and Title: Click to enter text. | Date: Click to enter a date. |
| Additional comments if needed: Click to enter text. | |

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| ***To be completed by DDD*** | |
| Reviewed by: Click to enter text. | Title: Click to enter text. |
| Approved  Denied  Date: Click to enter a date. | Amount Approved: Click to enter text. |
| Additional comments if needed ***(Copy and paste additional comments in iRecord case notes)***: | |
| Click to enter text. | |

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| **Instructions**: Upload the completed form and supporting documentation in iRecord and email the [DDD.EmploymentHelpdesk@dhs.nj.gov](mailto:DDD.EmploymentHelpdesk@dhs.nj.gov) to request a review. Use subject line: “(DDD ID#), Supported Employment Funding Request.” |

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| **Notes:** | * Please submit this request at least **8 weeks** prior to needing Supported Employment funding to allow time for Division review. A shorter timeframe may cause a delay in processing. * Approval is not guaranteed. Be prepared to make alternate service arrangements. |