**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Employment Non-Referral Form to Division of Vocational Rehabilitation Services (DVRS)**

**or Commission for the Blind & Visually Impaired (CBVI) – (F6)**

Completed when someone eligible for DDD is not interested in referral to DVRS/CBVI to determine eligibility.

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| **Identifying Information** | |
| Individual’s Name:  Click to enter text. | Date:  Click to enter a date. |
| DDD ID:  Click to enter text. | Name and Title of Support Coordinator/DDD Staff:  Click to enter text. |

In accordance with New Jersey’s Employment First Policy: “*Competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability,*” the Division of Developmental Disabilities (DDD) will refer every individual who wants to work to the Division of Vocational Rehabilitation Services (DVRS) or the Commission for the Blind & Visually Impaired (CBVI), except when one of the following criteria is met:

The individual is already competitively employed in the general workforce and does not need employment supports at this time, **or** has moved onto Long-Term Follow-Along (LTFA), Division funded Supported Employment services.

The individual is of retirement age (65 or older).

Medical condition or behavioral support need exceeds the supports or services available from DVRS/CBVI at this time (due to substantiated concerns about harm to self or others, which cannot be appropriately mitigated by supports/services). Please explain:

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| Click to enter text. |

The individual/legal guardian understands that employment is the preferred post education outcome. The individual/LG is not interested in pursuing employment at this time.

Please explain what will assist the individual to be ready to pursue employment:

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| Click to enter text. |