**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Continuation of Prevocational Training Justification**

DDD-funded Prevocational Training is limited to two years. If the service is needed after

two years, this form is used annually to justify the continuation of Prevocational Training.

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| **Identifying Information** | | |
| Individual’s Name: Click to enter text.  DDD ID#: Click to enter text. | | NJCAT Score: Self-Care, Behavioral, Medical  Tier: Choose an item. |
| 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 Information** | | |
| Date of this request:  Click to enter a date. | What is the end date of the current ISP?  Click to enter a date. | |
| Original start date of Prevocational Training:  Click to enter a date. | Average number of weekly units provided currently:  Click to enter text. | |
| Has continuation of Prevocational Training been approved previously? | | Yes No |
| Has an [Employment Determination Form – (F3)](https://www.state.nj.us/humanservices/ddd/assets/documents/support/Employment-Determination-Form-F3-March-2023.docx) been uploaded within the past year? | | Yes No |
| **If Yes**, what was the outcome of the vocational rehabilitation agency assessment? **If No**, please explain:  Click to enter text. | | |
| Please state the current ISP employment outcome under which Prevocational Training is entered:  Click to enter text. | | |

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| **Prevocational Training Information** | |
| Name of the current provider and/or name of program: Click to enter text. | |
| Is the individual currently volunteering? | Yes No |
| **If Yes**, provide name of business and the duties completed: Click to enter text. | |
| Select the individual’s Employment Pathway:  Employed  Unemployed - Experience/Training **(The individual *has* paid or unpaid work experience/training.)**  Unemployed - No Experience/Training **(The individual has had *no* past work experience/training.)** | |

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| **List** the skills the individual is working on currently to contribute to employability, and **describe** the progress: |
| ***(To add additional rows, click on the last row and click the Plus Sign: +)*** |
| Click to enter text. |
| Click to enter text. |
| Click to enter text. |

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| What **additional** skills will the individual need to develop if approved for continued Prevocational Training?  Click to enter text. |
| What will the Service Provider do differently to assist the individual in achieving their desired outcome?  Click to enter text. |
| Explain how Hopes and Dreams described in the PCPT align with skills the individual is developing: |
| Click to enter text. |
| Explain how the continuation of Prevocational Training will contribute to the individual’s employability: |
| Click to enter text. |
| Explain how and when the Planning Team anticipates the individual’s transition to employment: |
| Click to enter text. |

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| **Required Documentation** *(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.)* |
| Prevocational Training **Annual Update**, completed by the provider  Prevocational Training **Activities Logs**, most recent six (6) months  Prevocational Training **Individualized Goals** form, completed by the provider  Prevocational Training **assessments**, if applicable |

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

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| ***To be completed by DDD*** | |
| Reviewed by: Click to enter text. | Title: Click to enter text. |
| Approved  Denied  Date: Enter a date. | If approved, the continuation expires: Enter date. |
| 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 the subject line:  “(DDD ID#), Continuation of Prevocational Training” |

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| **Notes:** | * Please submit this request at least **6 weeks** prior to needing this service 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 in case the request is not approved. |