**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, MedicalTier: 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 recommendedDDD-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 *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 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.
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