

Supported Employment Funding Request Form

Name of Individual: _____ DDD ID# _____ Date of Request: _____ Service Provider(s): _____

This individual is: EMPLOYED* SEEKING EMPLOYMENT

*If employed, please attach the most recent Intervention Plan & Service Log

How many hours is he/she working a week? _____

Please explain why additional funding is needed to assist the individual in finding/keeping a job: _____

Please explain how the current job/job search is in line with the individual's skills, interests, and preferences? _____

What service(s) will be provided with this additional requested funding? _____

How many estimated units of each requested service are needed? _____

Please explain why current services included in the ISP cannot be discontinued in order to provide funding for employment supports: _____

What assistive technology, accommodations, natural supports, job modifications, or other supports been utilized to assist the individual in successfully doing his/her job? _____

Are other non-DDD funded services available? Please Explain: _____

Has any additional assessment(s) been completed? YES NO If YES, Date of Assessment: _____ Assessment Completed by: _____

Completed by (Signature): _____ Relationship to Individual: _____ Date: _____

To be completed by the Division of Developmental Disabilities

Approved by: _____ Date Approved: _____ Additional Amount Approved: _____