Coordination of Funding for Employment Services
For use with requests for Person-Centered Job Selection, Job Development, and Job Acquisition with Support and Stabilization

Name:	SSN:	DOB:	:	Age:	Residence Cour	nty:	
Case Manager:	Agency:				Email:		
Employment Spec.:	Age		Email				
Primary Source of Service Plan Ful	nding:						
If the person receives Michelle P Waiver supports, how much of the 40 hour per week service limit are available?							
Employment Services Currently be (leave blank if none)	ing Received:	Person-Centered Job Selection Job Acquisition with Support and Stabilization				Job Development	
(leave blank in none)					ion	Long-Term Supports	
Type of Employment Support Requ	ested:						
Why are Employment Supports bei	ng Requested?						
Additional Information to Help us U	nderstand the Request:						
Does the person wish to retain a cu	erson wish to retain a current job? How long does			the person wish to retain the current job?			
Does this request include a change of lf yes, why is a employment service provider?			change of pro	vider being re	equested?		
Approximate Beginning and Ending (If the employment is current enter NA in the ending date fi	Dates of Most Recent	Employment:	Beginning	j :	Ending:		
On Average, how many hours did/o	loes the person work at	this job each we	eek?				
What type of assistance did/does the	ne person receive at wo	rk?					
How frequently was/is assistance n	eeded?						
On a day assistance was/is needed	d, how much time was/is	devoted?					
Office of Vocational Re	habilitation / DD	ID use only	y below th	nis point.			
CMS Search Results:							
Service Recommendation(s):							
Office of Vocational Rehabilitation							
New Case							
\$50/hour for hour	s						
Comments:			Comments:				