Coordination of Funding for Employment Services

For use with requests for Person-Centered Job Selection, Job Development, and Job Acquisition with Support and Stabilization Return to: DDID.SupportedEmployment@ky.gov

Name:	SSN:	DOB:	Age	: Resider	nce County:	
Case Manager:	Agency:			Email:		
Employment Spec.:	Agency:			Email		
Primary Source of Service Plan Fund	ding:					
If the person receives Michelle P Wa	iver supports, how m	uch of the 40 hour	per week service	e limit are availabl	e?	
Employment Services Currently bein	g Received:	Person-Centered Job Selectio		on Job Developme		
(leave blank if none)		Job Acquisition with Support and Stabilization		Long-Term Supports		
Type of Employment Support Reque	sted:					
Why are Employment Supports being	g Requested?					
Additional Information to Help us Un	derstand the Request	:				
oes the person wish to retain a current job? How		How long does t	low long does the person wish to retain the current job?			
Does this request include a change of If employment service provider?		If yes, why is a change of provider being requested?				
Approximate Beginning and Ending Dates of Most Recent Employ (If the employment is current enter NA in the ending date field)			Beginning:	E	Ending:	
On Average, how many hours did/do	es the person work at	t this job each wee	k?			
What type of assistance did/does the	e person receive at wo	ork?				
How frequently was/is assistance ne	eded?					
On a day assistance was/is needed,	how much time was/i	s devoted?				
				_ .		

Office of Vocational Rehabilitation / DDID use only below this point.

CMS Search Results:

Service Recommendation(s):

Office of Vocational Rehabilitation	
New Case	
\$50/hour for hours	
Comments:	Comments: