

Office of Aging and Disability Services,

Request for Confirmation of Long Term Employment Support for Vocational Rehabilitation

Consumer Name: _____ DOB _____

After assessing the needs of the above named individual The Division of Vocational Rehabilitation is requesting OADS to provide confirmation of long term employment funding. The support needed must meet the MaineCare rule for the service and the limits. Confirmation allows VR process to continue.

Please Complete Known Information and Update as New Information is available:

Place of Employment: _____ Town: _____

Hours per week: _____ Rate of Pay: _____

Agency to Provide LTS: _____ Agency Ph #: _____

Start Date for LTS (projected) _____ (Month, Day, Year)

Confirmed Funding Source (check one)

_____ Section 18 MaineCare (Brain Injury)

_____ Section 21 MaineCare (Developmental Services)

_____ Section 22 MaineCare (Other Related Conditions)

_____ Section 29 MaineCare (Developmental Services)

_____ Request for OADS State Contract (Work Supports) (limited funding up to 3,000 per year)

Describe projected Plan for Natural Supports, technology and other supports for successful placement:

Is work support projected to reduce over time? _____

VR Counselor Signature: _____ Date: _____

Caseworker Signature: _____ Date: _____

CC: OADS Resource Coordinator in District

October 10, 2014