

Office of Aging and Disability Services

Long Term Work Supports Transfer Form

**Name of Individual:**   **DOB:**

*This form should be completed by the Bureau of Rehabilitation Services in conjunction with the Case Manager/Care Coordinator after job placement and stabilization and BRS is ready to transfer work support services back to the identified waiver. The support needed must meet the MaineCare rule for the type of employment setting, service definition, and the resource limits. This process can be started after at least 30 days on the job, and knowing the person must be stable before transfer.*

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| **Please Complete Job Information:** |  |
| Name of Employer: | Employer Address: |
| Hours Worked per Week: | Rate of Pay: |

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| **Work Supports Needed (Check all that apply):** |
| □ Adhering to Workplace Policies | □ Building Co-worker (natural) Supports |
| □ Maintaining or Improving Productivity | □ Promoting Workplace Relationships |
| □ Maintaining Employment | □ Adhering to Safety Practices |
| □ Support for Hygiene, Self-care, Dress Code, etc.  | □ Career Advancement |

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| **Please Allow for a Minimum of 30 Days to Transfer** |
| Hours of Work Supports Requested: |
| Agency to Provide LTS:  | Agency Contact Info: |
| Projected Start Date for LTS: |

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| **Confirmed Funding Source (Check one):** |  |
| □ Section 18 Brain Injury Waiver | □ Section 21 DS Comprehensive Waiver |
| □ Section 20 Other Related Conditions | □ Section 29 DS Support Waiver |



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| **Use this section to describe job duties, support needs, and plan to reduce paid support:** |
| Job Duties: |  |
| Support Needs: |  |
| Assistive Technology: |  |
| Natural Supports: |  |
| Transportation Used/Needed: |  |
| Other Support Available: |  |
| Additional Information: |  |

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| **CM/CC to Submit Completed Form to OADS Resource Coordinator:** |
| VR Counselor E-Signature:Printed Name:  | Date: Phone: |
| Caseworker/Coordinator E-Signature:Printed Name:  | Date:Phone: |

***Complete this form when the person is stable on the job and is at the level of support needed for LTS.***

***Ensure Plan of Care/Person Centered Plan is updated with information about LTS needs, CCM to submit to Resource Coordinator with request for Service.***