



BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES ISP ATTACHMENT FORM FOR BENEFITS PLANNING AND EMPLOYMENT

What information on Social Security Work Incentives, have you received? This includes information a family member or rep payee received on your behalf. Check all that apply.

I received (*check all that apply*):

I attended (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> SSA Working While Disabled Pamphlet | <input type="checkbox"/> A group work incentive information session |
| <input type="checkbox"/> Myths & Facts: Social Security Benefits & Work | <input type="checkbox"/> An individual counseling session for a benefits plan |
| <input type="checkbox"/> Sherlock Plan information | |

I have secured employment and have a benefits plan written by a Certified Work Incentives Counselor (CWIC)?

If YES, date of plan: _____ If NO, I have declined a benefits plan _____

Working age adults (age 18+) must choose one of the following statements:

- I am employed and choose to:** *Check all that apply.*
 - Retain current integrated job.
 - Advance in current integrated job (more hours, raise, new skills, promotion, etc.)
 - Get a new integrated job.
 - Get an additional integrated job.
 - Maintain a job in a non-integrated employment setting.
 - *Complete separate Request for Variance for Segregated Employment and submit separately.*

- I am Retired – I am at least 62 or will be this ISP year.**
 - *Employment goals are not required, but plan must address retirement activities.*

- I am currently not working in integrated employment, but I'm interested and choose to:** *Check all that apply.*
 - I want to obtain integrated employment.
 - Explore interests in integrated employment or in community settings through an Employment Path, Discovery, or other time-limited service.
 - I'm enrolled in Post-Secondary Education or a Vocational Training Program.
 - Not pursue integrated employment at this time due to need to stabilize health (including behavioral health).
 - Other: please explain _____

- I am not interested in employment**
 - *Complete Request for Variance for Day Only Services and submit separately.*

Status with Office of Rehabilitation Services (ORS)

- | | |
|---|--|
| <input type="checkbox"/> I want ORS services
Application Date: _____ | <input type="checkbox"/> I went to ORS in the past, now closed |
| <input type="checkbox"/> I am currently receiving ORS Services | <input type="checkbox"/> Other/Not Applicable, please explain: |

Name:

Updated 9-2019