State of Rhode Island and Providence Plantations

Division of Developmental Disabilities
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Variance Request Form

Employment in a Segregated Setting

Purpose: *Use this form if you are choosing to work in a segregated job setting.*

If you have made an informed choice for employment in a segregated setting, select type of setting:

- ❑ Facility-Based Work Setting
- ❑ Group Enclave
- ❑ Mobile Work Crew
- ❑ Time-Limited Work Experience (Internship)
- ❑ Other Segregated Setting: _____

A variance for employment can be requested after you have been supported with the following requirements.

1. **Participated in at least one vocational or situational assessment.**
2. **Completed one trial work experience or a medical exemption.**
3. **Received outreach, education, and support services.**
4. **Received a benefits counseling consultation.**

You can find detailed explanations of these requirements on the last page.

If a variance is granted, there will be a meeting with you in 6 months to make sure you are happy with your decision. Each year at your ISP meeting, you will be able to discuss what you like and don't like about your job in the non-integrated setting. Also at the ISP meeting, or at any time that you want during the year, you can change your mind and ask to receive Supported Employment Services in an integrated work setting.

Personal Information

Name of Person Requesting a Variance: _____

MID Number: _____ **Date of Birth:** _____

Did You Need Help In Completing This Form? ❑ Yes ❑ No

If "Yes", who helped you complete it?

Name: _____

Relationship: _____ **Telephone:** _____

I give permission for my application to be discussed with the person named above so that s/he can help me complete the variance process.

Signature: _____ **Date:** _____

Current Services

Are you currently receiving services paid for by: ❑ ORS ❑ BHDDH/DDD

List each Provider Agency you are receiving service from.

Variance Request

Why are you choosing to work in segregated employment?

Why isn't integrated competitive employment right for you at this time?

Outreach, Education, and Supports Received

Did you get information about:

The benefits of integrated job opportunities.	❑ Yes	❑ No
Address concerns you and your family may have about working.	❑ Yes	❑ No
The state's employment first policy.	❑ Yes	❑ No
Benefits planning.	❑ Yes	❑ No
Family and peer networks that can help you learn about the benefits of working from those who are working in competitive integrated employment.	❑ Yes	❑ No
The opportunity to visit and observe integrated employment settings where individuals with I/DD receive supported employment services.	❑ Yes	❑ No

Benefits Counseling

Have you had benefits counseling or do you have a benefits plan?	❑ Yes	❑ No

How did the benefits counseling or plan affect your decision to work in segregated employment?

Segregated Job Information

Name of your service provider(s):_____

Segregated Employer Name:_____

Address:_____

Contact Person:_____

Your Job Title:_____

Hours per Week:_____

Hourly Wage:_____

What are your job duties?

What employment supports will you get? Who will provide them?

How will this placement meet your needs and preferences?

Documentation of Variance Requirements by Provider

Have your Provider Agency answer the following questions to show that you have met the conditions for a variance.

1. Did the individual have a vocational and/or situational assessment? ❑ **Yes** ❑ **No**

- *If no, the individual is not eligible for a variance until an assessment is completed.*
- *If more than one assessment was conducted, attach additional pages as needed for each assessment.*

What type of assessment did the individual have?

❑ vocational assessment ❑ situational assessment

Dates of assessment _____

Where was the assessment done? _____

Who did the assessment? _____

How long did it take? _____

Attach a copy of the assessment or a summary of the outcomes.

2. Did the individual completed an integrated trial work experience? ❑ **Yes** ❑ **No**

- *If yes, provide the information below for each work trial that was conducted. Attach additional pages as needed.*
- *If no, the individual is not eligible for a variance until a trial work experience is completed.* **If the individual cannot complete a trial work experience due to a medical condition, skip to 2a.**

Where did the trial work experience take place? _____

Start Date _____ End Date _____ Average Weekly Hours _____

What supports did the individual receive during the trial work experience?

Where did the trial work experience take place? _____

Start Date _____ End Date _____ Average Weekly Hours _____

What supports did the individual receive during the trial work experience?

2a. If the individual <u>cannot</u> complete a trial work experience due to a documented medical condition that poses an immediate and serious threat to his/her health or safety, or the health or safety of others, if s/he participates in a trial work experience, submit documentation of this condition instead of completing a trial work experience.

Attach a copy of medical records and/or a summary prepared by the treating medical professional documenting the condition.

Please briefly describe the medical condition and explain why it prevents participation in integrated trial work activities.

3. Benefits Counseling Consultation

On what date did was benefits counseling completed? _____

Who provided the benefits counseling? _____

NAME:

Benefits Planning

Why Should I Have Work Incentives Benefits Counseling?

- Work Incentive Benefits Counseling informs you about how earnings impact SSI, SSDI, state benefits, and health insurance.
  It makes you aware of your responsibility for wage reporting.
- This service is available at NO cost to you.
- If you DECLINE Work Incentive Benefits Counseling now, you may request it in the future.

I hereby certify that I have been offered work incentive benefits counseling services which are intended to help me (and/or my Legal Guardian) understand how employment may affect:

- my disability benefits (SSI, SSDI or other types of Title II benefits, i.e., CDB, DWB)
- my public health insurance benefits (Medicare or Medicaid)
- my SNAP benefits (formerly known as food stamps)
- my rent payment (if I live in subsidized housing)
- other public/private benefits that I may receive.

I understand that Benefits Counseling will provide me with information about various work incentives to which I may be entitled.

I am aware that this service is being offered at no charge to me and that if I decline services, I can request it in the future.

SELECT ONE:

❑ I choose to **accept** Work Incentive Benefits Counseling and will provide necessary documents. I understand I can stop benefits counseling at any time. I **approve** the release of information about my BHDDH and DHS services to the Sherlock Center for Benefits Counseling.

- To receive a complete analysis of your benefits, you will need to provide information about your federal and state entitlement programs and health insurance to the Benefits Planning Counselor.

List any accommodation/communication support need or anything a Benefits Counselor should know, questions, concerns:

❑ **ORS** is providing me with Benefits Planning, so I do not need it through BHDDH.

❑ I choose to **decline** Work Incentive Benefits Counseling and have received written information about work incentives. Although I am aware that this service is being offered at no charge to me, I am choosing to decline because: *(Please check all that apply)*

- ☐ I have received a Benefits Plan in the past. *Provide date and CWIC if known:*
- ☐ I attended a Social Security/WIBC info session.
- ☐ I believe I understand the impact of employment on my benefits and have sufficient knowledge of the work incentives.
- ☐ I have been working for some time and understand how wages affect my benefits.
- ☐ Other: (please describe reason for declining services)

Individual/Guardian Signature | Date Completed | Telephone Number

Person Completing Form (please print): _____ Telephone Number _____

Requirements for a Variance for Employment in a Segregated Setting Detailed Descriptions

1. Participated in at least one vocational or situational assessment.

A "vocational assessment" is an assessment that provides employment-related information essential to develop or revise an Individual Support Plan (ISP) or related document.

A "situational assessment" is type of vocational assessment done on-site in an integrated employment setting, where an individual is evaluated in the performance of work activities that are typical for that setting.

The primary purpose of all assessments is to determine an individual's interests, strengths, and abilities, in order to identify a suitable match between the person and a competitive integrated employment setting.

2. Completed one trial work experience.

A "trial work experience" is the opportunity to work in a real job in an integrated employment setting alongside non-disabled coworkers, customers, and/or peers. The experience must:

- be selected through a person-centered planning process and be individually tailored to each person;
- include the appropriate services and supports the individual needs to be successful;
- last for a sufficient period of time, but for no less than 60 days; and
- establish whether an individual's interests, skills, and abilities are well-suited for the particular job.

3. Received outreach, education, and support services.

These are services that:

- explain the benefits of supported employment and address concerns of families and perceived obstacles to participating in integrated employment;
- encourage individuals with I/DD and their families to seek Supported Employment Services;
- explain the objectives of the State's Employment First Policy;
- encourage individuals to receive benefits planning consultation;
- link family and peer networks in order to learn about the benefits and experiences with employment from those who have obtained competitive integrated employment.

4. Received a benefits counseling consultation.

A qualified professional certified in Social Security and SSI regulations reviews an individual's personal benefit levels, provides information about the impact of earned income on the individual's public benefits and eligibility for the State's Medicaid Buy-in Program ("Sherlock Plan") and assistance with enrolling in that program.

5. Supported Employment Services

Employment services provided in the amount, duration, and intensity that allow persons with I/DD to work the maximum number of hours consistent with their abilities in a competitive integrated employment setting. Supported Employment Services include services necessary to place, maintain, and provide ongoing support to an individual with I/DD in an integrated employment setting.