



STATE OF RHODE ISLAND

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
DIVISION OF DEVELOPMENTAL DISABILITIES

Submit completed document to:

BHDDH.DDSupportedEmployment@bhddh.ri.gov

Employment Plan

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Provider for the Employment Supports: Click or tap here to enter text.

Information Section

- 1. What is the plan to support this individual with their employment goal(s) and what is the desired outcome? Please explain in detail with a timeline for completing specific services.**

Click or tap here to enter text.

- 2. Is there a Discovery Plan? YES NO**

If yes, date of completion? Click or tap here to enter text.

If not, is there a need for one? Click or tap here to enter text.

3. What is the transportation plan for employment? Will there be travel training?

Click or tap here to enter text.

4. What is the plan to fade supports?

Click or tap here to enter text.

5. Have you discussed with the individual the use of technology to support them with employment? Yes No

If not, please explain:

Click or tap here to enter text.