



Variance Request Form: Employment in a Segregated Setting

Purpose: *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:

- | | |
|--|---|
| <input type="checkbox"/> Facility-Based Work Setting | <input type="checkbox"/> Time-Limited Work Experience
(Internship) |
| <input type="checkbox"/> Group Enclave | <input type="checkbox"/> Other Segregated Setting: |
| <input type="checkbox"/> Mobile Work Crew | |

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.

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:

Outreach, Education, and Supports Received

1. Did you get information about:

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

Benefits Counseling

- 1. Have you had benefits counseling, or do you have a benefits plan?** Yes No
- 2. 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 and 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

Date of assessment:

Where the assessment done:

Person who did the assessment:

How long did the assessment 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?

- 2a. If the individual cannot 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

Date benefits counseling was completed:

Person who provided the benefits counseling:

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.