**BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES**

**ISP ATTACHMENT FORM FOR BENEFITS PLANNING AND EMPLOYMENT**

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| **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*):   * SSA Working While Disabled Pamphlet * Myths & Facts: Social Security Benefits & Work * Sherlock Plan information | I attended (*check all that apply*):   * A group work incentive information session * An individual counseling session for a benefits plan |
| **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)**

* I want ORS services   
  Application Date:\_\_\_\_\_\_\_\_\_
* I am currently receiving ORS Services
* I went to ORS in the past, now closed
* Other/Not Applicable, please explain: