



# Developmental Disabilities Supports Division (DDSD)

## Work Experience Grant Program

(Formerly Known as the Office Worker Program)

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## PROGRAM DESCRIPTION

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The “Office Worker Program” was originally designed to allow individuals with developmental disabilities who were eligible for DD Waiver funding, to experience working in public sector jobs or private sector jobs that were non-stereotypic for people with disabilities. The work opportunity allowed for program participants to determine whether they had the interests and aptitudes for working in jobs not typically offered through supported employment programs, while being paid at least minimum wage for this experience. Hours and locations of job sites varied.

The revamped Work Experience Grant Program is now clarifying that the Office worker Program was never limited to “office work,” but rather non-stereotypic employment at minimum wages and a means for breaking into new market niches, including public sector jobs. Individuals who are interested in community employment are now able to apply for grant funding in collaboration with their supported employment agency. Accent, a division of Acumen Fiscal Management Services is the employer of record for the Work Experience Grant Program.

There are three design models for this program. They are: 1) Trial Work Opportunity, 2) Community-Based Situational Assessment, and 3) Microenterprise. The Work Experience Grant program can be accessed to cover funding for wages and workers’ compensation insurance for individuals in the Trial Work Opportunity and the Community-Based Situational Assessment models. The Microenterprise model is designed to cover business start-up costs that cannot be obtained through other means.

When applying for this program, the applicant must specify which type of program model is being requested. Below is a description of the three models:

### Trial Work Opportunity

Trial Work Opportunities typically occur when a job candidate and an employer are exploring a hiring decision. The employer may want to know if the potential employee would be a good match for the position and the company. The potential worker may be hired for a short period of time as a “Trial work experience employee”. Wages are required to be paid for the time worked. A trial work experience also gives the candidate an opportunity to better understand the company and the expectations of the position that he or she is considering. This cannot be used if funding through the New Mexico Division of Vocational Rehabilitation (DVR) is available.

### Community-Based Situational Assessments

Community-Based Situational Assessments are conducted in “real world” employment settings and situations. This type of assessment places an individual with a disability in a work environment consistent with an actual job, where a job opening is not yet available. Situational assessments are typically conducted in different work settings for short periods of time in order to inform the assessor and help the individual realize his/her work interests and aptitudes in order to create a good job match. Community-Based Situational Assessments can be a valuable tool for assisting a person with a disability to make choices about the types of jobs and work environments that he/she would enjoy. These activities can be used to augment a discovery process or other person-centered planning assessment.

## Microenterprise (Self-Employment)

The Microenterprise model serves as an alternative to traditional employment supporting adults with developmental disabilities to operate their own businesses. Start-up activities typically include: conducting a market analysis, the development a business plan, researching compliance with local laws and making connections to community resources. Under the Work Experience Grant Program, the Microenterprise model is designed to cover business start-up costs that cannot be obtained through other means, including the New Mexico Division of Vocational Rehabilitation (DVR).

## BENEFITS OF THE PROGRAM

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- Allows individuals to have an informed choice when deciding on an employment outcome, including determining vocational aptitudes and interests.
- Allows individuals to determine whether a specific work environment may be a good job match.
- Allows potential employers to meet job-seekers.
- Breaks down barriers to individuals accessing their communities.
- Provides IDT's with information about what services may be required to support the individual while working. Examples include, determining transportation options, potential medical, behavioral or childcare needs, and potential impacts on Social Security benefits.

## MINIMUM REQUIREMENTS OF THE PROGRAM

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1. The individual must be working with a provider agency that can commit to provide one-on-one job supports for the duration of the program. (This grant does not pay for staff supports. Payment for staff supports would need to be negotiated between the individual who is receiving supports and the provider. Staff who provide these supports are eligible to bill the related Waiver, if applicable.)
2. The work experience must be short-term (except for the microenterprise model).
3. Individuals must be paid at least the applicable minimum wage.
4. The work experience must occur in an integrated setting. The work experience cannot occur in a provider agency-occupied building.
5. The Community-Based Situational Assessment model must result in a written assessment and résumé for the individual. DDS reserves the right to request copies of these documents.
6. A provider agency can apply for this program for an individual one time during a 12-month period based on the date of the application. Trial Work Opportunities and Community-Based Situational Assessments typically do not exceed 4 weeks.

7. The provider agency must be willing to comply with any training on payroll systems required by Accent.
8. The provider agency must follow through with providing services as outlined on the Work Experience Grant Program application. Failure to do so may result in termination in participation in this program or potential financial sanctions.

## ELIGIBILITY REQUIREMENTS FOR INDIVIDUALS

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1. Individuals must be working with a provider agency that can commit to provide one-on-one job supports for the duration of the program.
2. Individuals must be eligible to receive services through DDS.
3. Individuals must be eligible to work in the United States and must be willing to comply with any paperwork or hiring requirements requested by Accent, the employer of record.
4. Individuals must commit to following the dress code and other work rules in the location where they are participating in the work experience.
5. Services in this grant can only be accessed when services are not otherwise available to the beneficiary under either special education and related services as defined in section 602(16) and (17) of the Education of the Handicapped Act (20 U.S.C. 1401(16) and (17) or vocational rehabilitation services available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

## APPLICATION PROCESS

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There are 3 separate applications included in this packet. One for Trial Work Opportunities; one for Community-Based Situational Assessments, and one for Microenterprise (Self-Employment). Please only submit one type of application. Application requirements vary for each program. The requirements are listed on each application.

The individual's provider agency is responsible to ensure that the assembled application packet is delivered to the DDS Supported Employment Lead, via fax, secure email, hand-delivery and/or by mail a minimum of 30 days prior to the beginning of the requested services.

The DDS Supported Employment Lead will review the packet within 30 business days of receipt. The DDS Supported Employment Lead has the option to request additional information regarding the request.

The DDS Supported Employment Lead will send the applicant a decision letter within 30 days of receipt.

If funding for Work Experience Grant Program is approved, the Supported Employment Agency will be sent an employment packet for the individual to be hired by Accent, a division of Acumen Fiscal Management Services. Accent is the employer of record for the Work Experience Grant Program.

Additional training or paperwork may be required by Accent. No services under the Work Experience Grant are to be provided until notification is given by the Supported Employment Lead.

Please note that if the need of this program exceeds the available funding amount available, a waiting list will be established. Individuals will be selected on a first-come, first-serve basis. However, Jackson Class Members will be given a priority for entrance into this program.

Health insurance benefits are not included to individuals enrolling in this program.



# TRIAL WORK OPPORTUNITY APPLICATION

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## PERSONAL DATA

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Name: \_\_\_\_\_  
Last, First, Middle

SS# \_\_\_\_\_ or Work Permit#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Applicant email: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

## SERVICE AGENCIES

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Provider Agency Name: \_\_\_\_\_

Agency Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Agency Contact Email: \_\_\_\_\_

Agency Contact Phone Number: \_\_\_\_\_

Agency Contact Fax Number: \_\_\_\_\_

Case Management Agency Name: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Case Manager's Email: \_\_\_\_\_

Case Manager's Phone Number: \_\_\_\_\_

Case Manager's Fax Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Guardian's Relationship to Individual: \_\_\_\_\_

Guardian's Agency Name (if applicable): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
Street, City, Zip Code

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Fax Number: \_\_\_\_\_

Do you have a Vocational Rehabilitation (DVR) Counselor?                      Yes                      No

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

For which Medicaid waiver are you eligible?

DD Waiver

Mi Via

On Central Registry

# WORK ENVIRONMENT

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Please describe the individual's anticipated vocational outcome:

Please describe the environment where the individual will be working:

What is the Name of the Company? \_\_\_\_\_

What is the Address of the Company? \_\_\_\_\_

\_\_\_\_\_

What is the type of work that will be experienced through this program?

\_\_\_\_\_

What is the Workers Compensation Class Code that matches this type of employment? New Mexico Workers Compensation Class Codes can be found here:

[https://www.workerscompensationshop.com/workers\\_compensation\\_class\\_codes\\_alphabetical.htm](https://www.workerscompensationshop.com/workers_compensation_class_codes_alphabetical.htm)

\_\_\_\_\_

Which New Mexico Minimum Wage Rate will apply? \_\_\_\_\_

How many hours of service are you requesting for through this program? \_\_\_\_\_

Have you explored alternate funding sources? Please explain.



The Trial Work Opportunity application packet must also contain the following:

- A Job Description for the position that the individual will be trying.
- A proposed work schedule for this experience.
- A current ISP or similar document that documents that the individual is actively seeking employment.
- A letter of justification explaining how the individual will benefit from this program.
- Written documentation that services are not available through the Division of Vocational Rehabilitation.

This application has been completed by:

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Name	Title	Phone Number	Date
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Signature

Please send the completed packet to:

Casey Stone-Romero  
DDSD Supported Employment Lead  
810 W. San Mateo  
Santa Fe, NM 87505  
Fax: 505-476-8992  
Phone: 505-827-1626

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DDSD NOTICE OF ACTION ON WORK EXPERINCE GRANT PROGRAM FUNDING (For Internal Use Only.)

Date Received: \_\_\_\_\_ Date Sent to Requestor: \_\_\_\_\_

Reason Returned (Comments):

Incomplete (Comments):

Denied (Comments):

Approved:

Effective Dates: (To/From): \_\_\_\_\_

Total hours approved: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_



# COMMUNITY-BASED SITUATIONAL ASSESSMENT APPLICATION

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## PERSONAL DATA

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Name: \_\_\_\_\_  
Last, First, Middle

SS# \_\_\_\_\_ or Work Permit#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Applicant email: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

## SERVICE AGENCIES

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Provider Agency Name: \_\_\_\_\_

Agency Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Agency Contact Email: \_\_\_\_\_

Agency Contact Phone Number: \_\_\_\_\_

Agency Contact Fax Number: \_\_\_\_\_

Case Management Agency Name: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Case Manager's Email: \_\_\_\_\_

Case Manager's Phone Number: \_\_\_\_\_

Case Manager's Fax Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Guardian's Relationship to Individual: \_\_\_\_\_

Guardian's Agency Name (if applicable): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
Street, City, Zip Code

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Fax Number: \_\_\_\_\_

Do you have a Vocational Rehabilitation (DVR) Counselor?                      Yes                      No

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

For which Medicaid waiver are you eligible?

DD Waiver

Mi Via

On Central Registry

## WORK ENVIRONMENT

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Please describe the individual's anticipated vocational outcome:

*For this type of assessment, up to 4 settings may be chosen. Please fill out as much information as possible about each setting, as applicable.*

### **Setting #1:**

Please describe the environment where the individual will be working:

What is the Name of the Company? \_\_\_\_\_

What is the Address of the Company? \_\_\_\_\_

What is the type (or types) of work that will be experienced in this setting?

What is the Workers Compensation Class Code that matches this type of employment? New Mexico Workers Compensation Class Codes can be found here:

[https://www.workerscompensationshop.com/workers\\_compensation\\_class\\_codes\\_alphabetical.htm](https://www.workerscompensationshop.com/workers_compensation_class_codes_alphabetical.htm)

Which Minimum Wage Rate will apply? \_\_\_\_\_

How many hours of service are you requesting at this site? \_\_\_\_\_

### **Setting #2: (if applicable)**

Please describe the environment where the individual will be working:

What is the Name of the Company? \_\_\_\_\_

What is the Address of the Company? \_\_\_\_\_

What is the type (or types) of work that will be experienced in this setting?

What is the Workers Compensation Class Code that matches this type of employment? New Mexico Workers Compensation Class Codes can be found here:

[https://www.workerscompensationshop.com/workers\\_compensation\\_class\\_codes\\_alphabetical.htm](https://www.workerscompensationshop.com/workers_compensation_class_codes_alphabetical.htm)

Which Minimum Wage Rate will apply? \_\_\_\_\_

How many hours of service are you requesting at this site? \_\_\_\_\_

**Setting #3: (if applicable)**

Please describe the environment where the individual will be working:

What is the Name of the Company? \_\_\_\_\_

What is the Address of the Company? \_\_\_\_\_

What is the type (or types) of work that will be experienced in this setting?

What is the Workers Compensation Class Code(s) that matches this type of employment? New Mexico Workers Compensation Class Codes can be found here:

[https://www.workerscompensationshop.com/workers\\_compensation\\_class\\_codes\\_alphabetical.htm](https://www.workerscompensationshop.com/workers_compensation_class_codes_alphabetical.htm)

Which Minimum Wage Rate will apply? \_\_\_\_\_

How many hours of service are you requesting at this site? \_\_\_\_\_

**Setting #4: (if applicable)**

Please describe the environment where the individual will be working:

What is the Name of the Company? \_\_\_\_\_

What is the Address of the Company? \_\_\_\_\_

What is the type (or types) of work that will be experienced in this setting?

What is the Workers Compensation Class Code(s) that matches this type of employment? New Mexico Workers Compensation Class Codes can be found here:

[https://www.workerscompensationshop.com/workers\\_compensation\\_class\\_codes\\_alphabetical.htm](https://www.workerscompensationshop.com/workers_compensation_class_codes_alphabetical.htm)

Which Minimum Wage Rate will apply? \_\_\_\_\_

How many hours of service are you requesting at this site? \_\_\_\_\_

Have you explored alternate funding sources? Please explain.

The Community-Based Situational Assessment application packet must also contain the following:

- A Job Description for each of the positions that the individual will be trying.
- A proposed work schedule for each of the positions that the individual will be trying.
- A current ISP or similar document that documents that the individual is actively seeking employment.
- A letter of justification explaining how the individual will benefit from this program.
- Written documentation that services are not available through the Division of Vocational Rehabilitation.

This application has been completed by:

\_\_\_\_\_  
Name Title Phone Number Date

---

Signature

Please send the completed packet to:

Casey Stone-Romero  
DDSD Supported Employment Lead  
810 W. San Mateo  
Santa Fe, NM 87505  
Fax: 505-476-8992  
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Incomplete (Comments):

Denied (Comments):

Approved:

Effective Dates: (To/From): \_\_\_\_\_

Total hours approved: \_\_\_\_\_





# MICROENTERPRISE APPLICATION

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## PERSONAL DATA

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Name: \_\_\_\_\_  
Last, First, Middle

SS# \_\_\_\_\_ or Work Permit#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Applicant email: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

## SERVICE AGENCIES

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Supported Employment Agency Name: \_\_\_\_\_

Agency Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Agency Contact Email: \_\_\_\_\_

Agency Contact Phone Number: \_\_\_\_\_

Agency Contact Fax Number: \_\_\_\_\_

Case Management Agency Name: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, Zip Code

Case Manager's Email: \_\_\_\_\_

Case Manager's Phone Number: \_\_\_\_\_

Case Manager's Fax Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Guardian's Relationship to Individual: \_\_\_\_\_

Guardian's Agency Name (if applicable): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
Street, City, Zip Code

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Fax Number: \_\_\_\_\_

Do you have a Vocational Rehabilitation (DVR) Counselor?                      Yes                      No

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

For which Medicaid waiver are you eligible?

DD Waiver

Mi Via

On Central Registry

# WORK ENVIRONMENT

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Please describe the individual's microenterprise:

Please describe what type of equipment or services that you are requesting:

What is the total amount of funding that you are requesting? Please provide a quote for any equipment or services that would be purchased through this program.

Have you explored alternate funding sources? Please explain.

The Microenterprise application packet must also contain the following:

- A current business plan.
- A current ISP or similar document that documents that the individual is actively seeking employment.
- A letter of justification explaining how the individual will benefit from this program.
- Written documentation that services are not available through the Division of Vocational Rehabilitation.

This application has been completed by:

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Name	Title	Phone Number	Date
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Signature

Please send the completed packet to:  
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Total Dollars approved: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_