



Transition to Employment Program

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PROGRAM DESCRIPTION

The Transition to Employment program is designed to provide opportunities for employment to individuals who might not otherwise have access to employment supports. The program is intended to give individuals who are preparing to exit/graduate from high school or have recently exited or graduated from high school the opportunity to receive supports for community employment as adults.

Individuals who are between the ages of 17 and 25 are eligible for this program. The individual must be on the Department of Health/Developmental Disabilities Supports Division Central Registry. Individuals who are already receiving services through the Developmental Disabilities (DD) Waiver or the Mi Via Waiver are not eligible for this program.

The Transition to Employment program is designed to be used in conjunction with supports available through the New Mexico Division of Vocational Rehabilitation (DVR). DVR traditionally provides supports for career assessments, job development and job coaching services. An Individual Plan for Employment (IPE) is developed and customized by a Vocational Rehabilitation Counselor for each job seeker. For more information, please visit www.DVR.state.nm.us

Participation in DVR services is not a requirement of this program. If an individual obtains paid community employment by other means, he/she can still apply for Transition to Employment funding. An individual must be working or is currently in Job Development with a Provider Agency, to be eligible for this funding.

The Transition to Employment program will fund up to 10 hours per month of Follow-Along supports and/or up to \$460 for transportation supports to/from work. This is a reimbursement program and documentation will need to be provided in order to access these funds. Acumen Fiscal Management Services is the contractor who will administer these funds. Below is a description of both available services.

Follow-Along

Follow-along services can include any activity that assists an individual with maintaining his/her employment. Examples could include checking in with the individual to determine how he/she is performing, determining whether new job tasks/skill needs to be trained, or inquiring whether the employer is satisfied with the employee's performance. Services could also include negotiating alternate or additional work hours on behalf of the individual.

The Transition to Employment program can reimburse for up to 10 hours per month for follow-along supports at work at a rate of \$12.00 per hour. Supports can be provided to the individual by a current Employment Service Provider, a parent or sibling, classmate, friend, or a co-worker/supervisor at the work site.

Transportation

The Transition to Employment program will reimburse up to \$460 per year for transportation services. This rate is based on DD Waiver non-medical transportation rates. Transportation services can encompass a variety of supports. A per mile rate of \$.43 is available. Passes for public transportation can be reimbursed at cost. Reimbursement for Driver's Education to obtain a Driver's license is also reimbursable. Assistive technology equipment that can assist an individual with driving and/or using public transportation is reimbursable. A combination of several types of supports is acceptable.

BENEFITS OF THE PROGRAM

- Reaches individuals who are not otherwise receiving services with the opportunity to receive supports for community employment.
- Promotes independence and allows individuals with developmental disabilities to give back to their communities through working and paying taxes.
- Breaks down barriers to individuals accessing their communities and allows them to use generic community resources that are available to all citizens.
- Provides flexibility with service delivery and allows individuals to determine who they choose to provide services and how they want services to be provided.
- Allows individuals to determine whether a specific work environment may be a good long-term job match.

ELIGIBILITY REQUIREMENTS

1. Individuals must be on the Department of Health/Developmental Disabilities Supports Division Central Registry.
2. Individuals must be between the ages of 17 and 25.
3. Individuals must be in their final year of school or have exited high school services. (A high school diploma is not a requirement of the program.)
4. Individuals must have a job in an integrated setting in a community business. The work experience cannot occur in a DD Waiver agency-occupied building or school setting.
5. Individuals must be paid at least the applicable minimum wage.
6. Individuals must be committed to working competitively in an integrated setting for 5 or more hours per week.
7. Individual must commit to following the dress code and other work rules as determined by the employer.

8. Individuals can apply for funding through this program once per calendar year, permitting funding availability.
9. When an individual is allocated for waiver funding, he/she is no longer eligible for this program. Waiver services can be used to cover employment supports.

APPLICATION PROCESS

The individual and his/her supports are responsible to ensure that the assembled application packet is delivered to the Program Manager, via fax, hand-delivery and/or by mail.

The Program Manager will review the packet within 5 business days of receipt, and has the option to request additional information regarding the request.

The Transition to Employment application packet will be returned to individual marked as: Incomplete (with the indication of missing documents), Denied (with the reason for denial) or Approved (with the funding amount approved and date eligible to start billing for services).

If funding for Transition to Employment program is approved, a packet of paperwork required for the reimbursement of services will be sent to the individual. Additional training or paperwork may be required by Acumen Fiscal Management Services.

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

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-served basis. Funding for this program is based on the New Mexico state fiscal year. This program is currently funded through June 30, 2018.



TRANSITION TO EMPLOYMENT APPLICATION

PERSONAL DATA

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

Parent/Guardian Name: _____

Guardian's Relationship to Individual: _____

Guardian's Agency Name (if applicable): _____

Parent/Guardian Address: _____
(if different than above) Street, City, Zip Code

Parent/Guardian's Email: _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Fax Number: _____

SCHOOL SERVICES

Name of High School Attending/Attended: _____

Address of High School: _____

Year of Exit/Graduation: _____

Are you still enrolled in school? Yes No

If so, who may we contact? Name: _____

Phone Number: _____

Email: _____

OTHER SERVICES

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

Counselor's Name _____ Phone _____

WORK ENVIRONMENT

Are you currently employed? Yes No

If No, Job Developer Name, Agency, and phone number:

Where are you employed? _____

What is the Address of the Company? _____

What is your job title? _____

What is your rate of pay? _____

How many hours do you typically work per week? _____

Who is your supervisor? Name: _____

Phone Number: _____

Email: _____

SERVICE REQUESTS

Are you applying for Follow-along services? Yes No

If yes, how many hours per month do you plan to submit for reimbursement? _____

Who will follow along services be provided by: (Check One)

Employment Provider Family Member Friend Classmate Co-Worker

Name of Person or Provider who is providing follow along Services? (Name, Address, Phone #)

Are you applying for transportation services? Yes No

If yes, which type(s) of reimbursement do you plan to submit?

A per mile reimbursement (\$.43 per mile)

Public Transportation Fare/Pass

Driver's Education to Obtain a Driver's License

Assistive Technology for Transportation

Other: (please list) _____

This application has been completed by:

Name	Title	Phone Number	Date
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Signature

Please send the completed packet to:
Juanita Salas
Program Manager
5301 Central Ave., NE Suite 900
Albuquerque, NM 87108
Fax: 505-841-5815

DDSD NOTICE OF ACTION ON TRANSITION TO EMPLOYMENT FUNDING

Date Received: _____ Date Sent to Requestor: _____

Reason Returned (Comments):

Incomplete (Comments):

Denied (Comments):

Approved:

Effective Dates: (To/From): _____

Total Dollars approved: _____

Reviewer(s): _____