AGENCY PROFILE:

**AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM LOCATION(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DDS Qualified Provider Listing:**

<http://www.ct.gov/dds/lib/dds/operations_center/providers/qualified_providers_list.pdf>

**DDS Employment and Day Services:**

<http://www.ct.gov/dds/cwp/view.asp?a=4189&q=492514>

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What services/ supports does your agency offer?

* + - (ISE) Individual Supported Employment- Competitive: Yes/No
    - (GSE) Group Supported Employment: Yes/No
    - Transitional Services: Yes/No
    - (DSO) Day support Option: Yes/No
    - (IDN) Individualized Day (Non-Vocational): Yes/No
    - (IDV) Individualized Day (Vocational): Yes/No
    - Transportation (to/from home?): Yes/No If no, ADA/other options\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Wheelchair Transportation: Yes/No
    - Bilingual staff: Yes/No

How do the services you provide assist people to:

* Use Assistive Technology throughout the day
* Network with others to develop employment contacts
* Participate in community activities
* Help expand the use of natural supports
* Find and use ALL available supports and resources that can help lead to a good life
* Teach people about self-advocacy, self-determination, and peer advocacy

What is your agency’s mission?

What towns does your agency serve?

What are the agency training requirements for your staff (i.e. CPR, Abuse and Neglect, Behavior Mgt, etc.) ?

How many individuals does your agency support?

What are the typical hours of operation?

Are there opportunities for extended hours before or after program?

What are your agency program staffing ratios?

What would a “Typical Day” for a consumer look like at your agency?

Does your agency offer organized social or recreational activities outside of your day program hours?

(Dances, seasonal parties, bowling leagues, etc.)? Types? When are these offered?

What other related services support services are available to participants? And how does one access these services (i.e. application, costs, etc..)?

**During your visit please note any environment considerations:**

**Appropriate peer grouping:**

**Noise level:**

**Lighting (i.e. bright, dark, natural, etc…):**

**Number of bathrooms:**

**Number of rooms:**

**Cleanliness:**

**Program community location:**

**Security/safety considerations:**

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**INDIVIDUAL SUPPORTED EMPLOYMENT: ISE (Competitive)**

*These include supports to help individuals work as a paid employee in work settings that also employ people*

*without disabilities. These services assist individuals find and apply for jobs, and offer job coaching support to people once work*

*is secured. This service is designed to provide support and supervision but is not intended to provide ongoing long term 1:1 support to help a person complete their work activities.*

Does your agency work with the Department of Rehabilitation Services (DORS) /the Bureau of

Rehabilitation (BRS)?

Does your agency have a job developer and employment specialists on staff? Are these positions full or part time?

What community jobs have you found for the individuals you support?

How many successful job placements has your agency made in the past 12 months?

How many of these placements have been successfully maintained?

How do you modify supports to meet individual needs?

Do you assist individuals with finding transportation to and from work?

What supports do you provide to an individual, if they lose their job?

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**TRANSITONAL SERVICES:**

***These services are to help individuals become more work ready and prepared for competitive employment. These services are community based, time-limited pre-vocational service. Individuals will participate in career exploration-internships, job shadowing, informational interviews, tours of companies, job-seeking at Workforce Centers or libraries, engaging employers HR staff to practice interviews, writing resume, preparing job applications, attending technical an community college educational activities, financial management-going to the bank, community-based networking and building skills leading to employment. Health and fitness activities that help impact better employment outcomes***

***\* No paid work activities***

***\* Individuals may start and end day at a facility, but activities take place in community setting used by people without disabilities.***

***\* Services are expected to occur over a defined period of time- It is not intended to be long-term support (3 year time limit)***

***\* 6 month progress reports on employment goals, self-advocacy and career counseling.***

**What is the average number of hours/per day in the community participating in work-related skills?**

**Where have you provided community-based internships?**

**Where have you participated in job shadowing, business tours and career exploration?**

**What is the typical staff ratio during these community work activities?**

**What are some examples of goals written for individuals receiving transitional services?**

**How are beneficial work-related activities completed, such as, health and fitness, finance and banking, job applications and resume writing, etc.?**

**Do you participate at any community college settings?**

**How do you track the person’s progress (career/employment plans, etc.)?**

**How do you determine the person is ready for competitive placement?**

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**GROUP SUPPORTED EMPLOYMENT (GSE):**

*GSE is a supported employment situation in a competitive employment environment in which a group of participants with disabilities are working at a particular work setting. The participants may be disbursed throughout the company and among workers without disabilities or congregated as a group in one part of the business; or b) Mobile Work Crew: A group of participants who perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor).*

What types of work crew/ enclave opportunities do you have? Where do people work?

What are the current available opportunities in your work crew/enclaves?

What is the average ratio on the crews?

Do you have 1st and 2nd shift opportunities?

What are the average hours of work on the crew/ enclave?

How are the workers paid? Wage determination? Do you have opportunities that pay minimum wage or

above?

Is there a benefit package for workers? (paid sick or vacation time)?

What is your agency’s back up plan in the event that there is no work available?

How is the person’s progress tracked to move them to transitional or competitive supports and services?

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**DAY SERVICE OPTIONS (DSO):**

*Day Support Options (DSO). Supports to participants that lead to the acquisition, improvement, and/or retention of skills and abilities to prepare a participant for work and/or community participation, or support meaningful socialization, leisure, and retirement activities. Supports include the development, maintenance or enhancement of independent functioning skills including but not limited to sensory-motor, cognition, personal grooming, hygiene, toileting, assistance in developing and maintaining friendships of choice and skills to use in daily interactions; the development of work skills; opportunities to earn money; opportunities to participate in community activities.*

How type of DSO programs does your agency offer?

What Program opportunities are currently available?

What is the average number of participants in your programs?

What is the staff/ participant ratio?

Do you have nursing supports at your program location?

Do you support any individuals with behavioral issues? medical complex?

How often do the participants access the community (ask to see copy of a sample activity calendar)?

What types of activities are offered? Are there volunteer opportunities?

What kind of adaptive equipment do you have available if needed (i.e. side-lyers, mats, standers, commodes, adaptive switches, etc.)? Who provides the specific training on this consumer specific equipment?

How are the person’s progress of skill development and retention being tracked?

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***INDIVIDUAL DAY:***

*This waiver service includes individually tailored supports that help consumers gain or maintain skills to participate more fully and productively in work, leisure or community activities. This may include the development of independent functioning skills, relationship skills, exploring job interests or retirement programs. It can also provide funds for staff supports for individuals who have their own businesses*. *There is no site-based facility for these services.* *This 1-1 service will provide approximately 5-10 hours a week of service based upon the LON score allocation.*

Individualized Day (Non-Vocational IDN):

How many participants does your agency support in an Can we see a sample schedule for one of these

programs?

How many staff are cross-trained to provide necessary program coverage for each participant?

Individualized Day (Vocational IDV):

What types of vocational activities and work training opportunities do you provide?

Are all activities community based?

On average how many hours of support are they receiving on the job vs. hours worked?

What forms of transportation are these participants using to access their jobs in the community?

What success have you had with titrating the level of on the job support? Example

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**Additional Comments /Information**: