**Step Down Support Instructions and Guidelines**

Step Down Support is a process that is designed to reflect the independence, skills and natural supports obtained by the individual while in a competitive and integrated job, by providing long-term supports in a manner that is specific to the needs of the individual.

For approval of Step Down Supports, submit the below form to your area consultant. Contacts are listed below.

* Only supported employees who have been employed at the same job for 12 months will be eligible for Step Down Supports.
* Submittal of the form does not guarantee approval of Step Down Supports. All forms must be filled out in their entirety, complete with summary of progress and required signatures. Once a form is signed by the consultant and returned to the agency, the person has been approved for step down supports.
* You need to keep the signed approval form as well as documentation supporting your timed commitment in your agency files. OVR may request documentation, preform chart audits, and contact supported employees and/or employers participating in Step Down Support at any time.
* Long-Term Support notes must include: Name, Date, Frequency of (SDS date, length of time to follow up) Ex: Ashley Taylor SDS 11/1/17: Every other month)

If an individual in Step Down Supports experiences issues and needs assistance, you must provide the service immediately and remove the person from step down supports until the consumer is stable at the job site for a minimum of 6 months. At that time, you may submit a new Step Down Support Agreement.

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**Office of Vocational Rehabilitation**

**Step Down Support Agreement**

| Supported Employment Provider | | Date |
| --- | --- | --- |
| Employee | Employer | |
| Guardian (if applicable) | | Hire Date |

Supported Employment Provider is requesting to place the above named Employee in Step Down Supports. The employee has been on their current job site with minimal issues for       year(s)       month (s).

Supporting documentation for the above requirements are maintain in agency files. With approval from OVR, the provider will continue to follow up with employee and employer at a minimum of every      . The employee and employer agree to this change and have been given a copy of this agreement with the contact information of the Employment Specialist below. All parties have been informed that if an issue or need should arise that they can contact the Employment Specialist at any time. If the employee needs assistance during the step down support time they will be removed from Step Down Supports and worked with immediately. At any time, anyone below can request assistance on the job site and the provider is required to assist however is needed.

|  |  |
| --- | --- |
|  |  |
| Employee Signature, Date | Guardian Signature (if applicable), Date |
|  |  |
|  |  |
|  | Employment Specialist Signature, Date |
|  |  |
|  |  |
|  | Employment Specialist Contact Number |

\*Approved for Step Down Supports:

OVR SE Consultant Signature, Date

**REQUIRED: Summary of Supported Employee’s Progress (see Page 3)**

**Summary of Supported Employee’s Progress**

Date placed in Step Down Supports:

Frequency of Support:

Describe how employment is independent and stable: