

BASIC INFORMATION

Please choose if this is an authorization for Day 1, Day 45, or Day 90. (Choose one)

If this person will receive extended services funded by a Medicaid waiver, this plan needs to be developed by the individual's team.

All Extended Services Plans must be reviewed, approved, and signed by the OVR Counselor. The plan is due by the close of business the same day of its completion. If there are extenuating circumstances, then it is due no later than the close of business the next day.

Provider Name	Name of individual
Employer	Job Title or Function
Wage per hour	Average hours per week
The consumer is 24 years old or younger (Choose one)	

QUESTIONS RELATED TO EXTENDED SERVICES

Answer the questions with as much detail as you can obtain. Be as specific as you can with your answers.

Frequency and Description of On-Site Extended Services-What if anything, do you do with or for the employee regarding job tasks? (For example, is job coaching still being provided? If so, provide details.) How have you shifted these tasks to the employee and/or natural supports? How often, and in what way, will you follow-up with employee and employer?

Frequency and Description of Off-Site Extended Services-Provide the name, title/role, frequency, and detailed description of the type of support being provided. For example: transportation assistance at home, medication management, benefits analysis, SSA reporting, therapies, offsite follow-up by the Employment Specialist.

Description of Natural Supports on the job-Provide the name, title/role, frequency, and detailed description of the type of support being provided.

Other Important Information-Anything else that may be needed to support the employee, for example: safety concerns, criminal history expungement, special medication considerations, etc.

Consumer's Future Employment Goals-These should be person-centered and will change over time. Examples include developing relationships at work, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc. (What strategies have you used, and will you continue to use to address the examples listed?)

**How was input obtained for this plan? (Provide detailed information pertaining to those involved. This should include any information provided by others and how it was used in the completion of this plan.)
Name of role of those involved-employee, employment specialists, guardian, other support people, team members, etc.**

Number of Hours requested for extended services over the next 45 days.

Justification of hours requested

Employment Specialist Signature

Date

OVR USE ONLY-COUNSELOR REVIEW

Verified that the employment is consistent with the individual's strengths, abilities, interests, and informed choice, and stable employment in a competitive integrated setting has been achieved? (Choose one)

Verified that supported employment services documentation has been provided by the CRP and support the transition to extended services? (Choose one)

Reviewed and approve the Extended Services Plan? (Choose one)

Expected Start Date for Extended Services

OVR Counselor

Date

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