



Request for ODDS Job Coaching without VR (when person not connected to VR)

I. Instructions

Complete this form if the person needs ODDS-funded Job Coaching and is not connected to VR (e.g. person obtained a job on their own; or during Employment Path or Discovery services).

- The case manager may authorize an initial 120 days of ODDS Job Coaching.
- Meet with the person and their ISP team as soon as possible (but within the person's first 30 days on the job) to evaluate the factors outlined in this form and determine whether:
 - a). An immediate referral to VR is needed; or
 - b). The team will be requesting ODDS-funded Job Coaching without VR.
- If requesting ODDS-funded Job Coaching without VR, the case manager will submit this form to ODDS for review and approval between 60 and 90 days on the job. Submit this form to: maintenancejobcoaching.request@state.or.us.
- See more information in the ODDS Worker's Guide on "ODDS Job Coaching without VR."

Commented [EA1]: Add link

II. Contact Information

Last Name:	First Name:
Prime Number:	Date the individual started the job:
Job Coaching Provider Name:	
Name of entity where person working:	
Job title and duties (please attach job description):	

III. Review the following criteria to determine whether to a). Make an immediate Referral to VR (most cases); or b). Request ODDS exception for Job Coaching.

Criteria to Evaluate	May request ODDS Job Coaching without VR	Submit a referral to VR if any of the following (in yellow) are	
1. The job matches the person's goals (overall)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. The person is working the number of hours they want.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i. How many hours (per week) is the person working?			
ii. How many hours does the person want to work?			
iii. Where is this documented? (e.g. Career Development Plan, Discovery Process or Progress notes)			
b. The type of job matches the person's goals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i. What type of work does the person want to do?			
ii. How does this type of work match (or not match) the type of work the person wants to do?			
iii. Where is this documented? (e.g. Career Development Plan, Discovery Process or Progress notes)			
2. Does the person want to keep this job while also looking for another job?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
3. Will the person remain stable in the job either with or without a job coach in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Are long term supports in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A because supports are not needed.
5. Does the job meet requirements for "Competitive Integrated Employment?" ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Commented [EA2]: Better / alternative ways to distinguish and indicate items that require referral?

¹ See ODDS worker's guide on CIE requirements here: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Documents/Worker-Guide-Competitive-Integrated-Employment-Requirements.pdf>
 See also the VR CIE toolkit: <https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/Competitive-Integrated-Employment-Toolkit.pdf>

6. Will the person remain stable in the job and the job will not be at risk with a job coach in place (or stable and not at risk without a job coach in place)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are there long term supports in place (if needed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Is the job at a provider business? If the job is at a provider site, then this form must be submitted to ODDS for review and approval of Job Coaching. Additionally, the provider must complete a self-assessment here: http://www.surveymoz.com/s3/1990286/ODDS-employment-and-day-service-provider-assessment Note that additional information may be needed.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other Questions to Consider:			
9. Does the provider hold a contract with the employer that requires the person to use the provider for job coaching in order to retain the job?	<input type="checkbox"/> No	<input type="checkbox"/> Yes *Not CIE Complete a provider assessment to confirm the correct service.	
10. Is it to work on an Employment Forward contract, QRF contract, or other contract that mandates a ratio of workers with disabilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes *Not CIE Complete a provider assessment to confirm the correct service.	
10. What type of job coaching supports does the individual need to be successful at work?			
11. How will the service be monitored going forward to help ensure the individual is stable at work and is able to be referred to VR if a problem is identified?			
12. Answer the following only if the person will be referred to VR and you only requesting Job Coaching beyond 120 days (pending VR intake).			
i. What is the anticipated date for the VR intake appointment?			
ii. What is the estimated duration proposed for long term job coaching?			
iii. Please provide information regarding the providers being considered, and verification that the providers are both ODDS and VR vendors.			

V. Summary:

All boxes in the first column are checked	<input type="checkbox"/>	<p>ODDS-funded Job Coaching without VR is being requested. Between 60-90 days on the job, submit this form to: maintenancejobcoaching.request@state.or.us</p> <p>Also authorize job coaching and 90-day retention: (both will pend for ODDS-approval)</p>
One or more boxes in the second column (highlighted in yellow) are checked	<input type="checkbox"/>	<p>Submit a referral to VR: https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/me3010.pdf</p>

VI. Team Members Who Contributed:

Name	Role	Name of Organization