|  |
| --- |
| **Maintenance Job Coaching Request** |



**Demographic Information**

Please complete the following information regarding the individual who is requesting Maintenance Job Coaching Supports. Find instructions in the ODDS Job Coaching Worker’s Guide found here: <https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/Job-Coaching-Worker-Guide.pdf>

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Prime Number: |  |  |  |
| Name of Employer: |  | When did the person begin this job: mm/dd/yy |  |
| Period of time maintenance job coaching is requested (mm/dd/yy – mm/dd/yy) |  |  |  |
| Job Coaching Provider Name: |  |  |  |
| Name of SC/PA: |  | CDDP/Brokerage Name: |  |

**Maintenance Request and Justification**

**Instructions:** Please include as much information as possible to explain the individual’s need to use the Maintenance Job Coaching rate. This should include information discussed with the individual and their Employment Team. Please attach any additional documentation such as the individual’s ISP/CDP, Provider Implementation Strategies, etc.

1. Briefly describe the person’s job:
2. Describe the job coaching supports the individual needs to be successful at work (please see Job Coaching Worker Guide, OAR 411-345 and expenditure guidelines for additional information on approved job coaching supports).

|  |
| --- |
|  |

|  |
| --- |
|  |

1. Describe how job coaching has been stepped down or faded out? Describe the result, including what worked and what did not.

|  |
| --- |
|  |

1. Is Job Coaching or IADL/ADL the primary support needed? Explain the reason (s) for your choice.

|  |
| --- |
|  |

1. What is the proposed plan for how the job coach will implement skills or build natural supports to allow the person to become more independent? This may include documentation such as a Desired Outcome with associated key steps, provider implementation strategies, etc.

|  |
| --- |
|  |

1. Describe the Job Coach's communication with the individual at work, including the individual's supervisor, and if applicable key-coworkers:
2. How will the service be monitored going forward?
3. Is there any additional information the provider or SC/PA would like ODDS to know for review?

|  |
| --- |
|  |