

EMPLOYMENT SERVICES PROVIDER PROFILE

Instructions: Enter or print the requested information in the spaces provided below (please complete front and backside of forms).

The information contained in this document will be used by Care Wisconsin staff for informational purposes.

Section A: General Information

Provider Name _____

Corporate Name _____ **Director Name** _____

Location Street Address _____

City _____ State _____ Zip _____ County _____

Contact Person (Name/Title) _____

Office Phone _____ Cell Phone _____

Email Address _____ Website Address _____

Section B: Staff

Standards for Employment Consultants, Benefits Counselors and Assistive Technology Consultants

	Standard Met?	If not, please explain:
<p>Employment Consultant (s)- Completed a master's degree in Vocational Rehabilitation, Social Work, Special Education or other related human services field OR</p> <p>A BA/BS in human services with experience in working with elderly individuals or persons with a physical disability, as well as ongoing training and technical assistance</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>Benefits Counselor (s)- Completion of a master's or bachelor's degree in Vocational Rehabilitation, Social Work, Special Education or other related human services field AND</p> <p>Ongoing training & technical assistance provided by an entity that has demonstrated knowledge & ability to analyze federal, state & local benefit policy & the impact of income on these benefits</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>Assistive Technology Consultant (s)- Completed a BA/BS in occupational or physical therapy, computer science, human services, vocational rehabilitation or an equivalent combination of education &/or experience</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	

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Vocational Evaluations

Provide details of the evaluations you perform, including the credentials of the persons administering them.

Evaluation Type	Credentials

Cultural Diversity

List any languages other than English that are used by staff people at each of your locations. Please include sign language.

	<u>Language(s)</u>
Columbia	
Dane	
Dodge	
Green Lake	
Jefferson	
Marquette	
Sauk	
Washington	
Waukesha	
Waushara	

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Section C: Provider Services

Please refer to the attached definitions in Section G of this document for a detailed description of the services provided under each category identified below. For each service category listed below, please indicate what services your agency provides in each county and the population group(s) served:

Prevocational Services			
	Teaching concepts	Other (Specify below)	Please indicate population groups that are served
Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frail elderly <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability Do you subcontract any service to another individual or agency? If so, specify service and agency:
Dane	<input type="checkbox"/>	<input type="checkbox"/>	
Dodge	<input type="checkbox"/>	<input type="checkbox"/>	
Green Lake	<input type="checkbox"/>	<input type="checkbox"/>	
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	
Marquette	<input type="checkbox"/>	<input type="checkbox"/>	
Sauk	<input type="checkbox"/>	<input type="checkbox"/>	
Washington	<input type="checkbox"/>	<input type="checkbox"/>	
Waukesha	<input type="checkbox"/>	<input type="checkbox"/>	
Waushara	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify additional services provided):			

Supported Employment								
	Supervision	Training	Transportation	Assessment	Job Placement	Follow-up	Other (Specify below)	Please indicate population groups that are served
Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frail elderly <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability Do you subcontract any service to another individual or agency? If so, specify service and agency:
Dane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Green Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sauk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waukesha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waushara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify additional services provided):								

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Independent Living Services						
	Daily Living Skills Training	Specialized Transportation	Personal Care	Supportive Home Care	Other: (Specify)	Please indicate population groups that are served
Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frail elderly <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability Do you subcontract any service to another individual or agency? If so, specify service and agency:
Dane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Green Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sauk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waukesha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waushara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify additional services provided):						

Vocational Futures Planning										
	Identify Barriers to Work	Assistive Technology Pre-screen	In-depth Comprehensive Assessment	Benefits Analysis	Resource Team Coordination	Career Exploration	Job-seeking Support	On-going Support	Other (Specify)	Please indicate population groups that are served
Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frail elderly <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability Do you subcontract any service to another individual or agency? If so, specify service and agency:
Dane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Green Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sauk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waukesha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waushara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify additional services provided):										

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Programming Services

For each service category listed below, please indicate the type of services your agency provides:

	Integrated Employment Services	Facility-Based Services (Sheltered Workshops)
Average # of persons served		
Staff to worker ratio		
Sub-minimum wage license	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Low hourly rates of members		
Avg. hourly rates of members		
High hourly rates of members		
% of members' time spent unpaid		
Indicate shifts operated	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>

1. Describe any integrated work services/settings you offer:

2. Explain any customized self-employment/enterprise services you provide: “*Customized Employment*” means individualizing the employment relationship between employees and employers in ways that meet the needs of both.

4. List and describe your current work contracts:

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5. Describe any programming you provide for a member's down time at your program.

6. Describe how you are equipped to meet members' personal care needs:

Physical Space

Which Wheelchair Accessible features do you have? (check all that apply)

- Exterior Doorways Interior Doorways Lifts Other
 Bathrooms (fitted with handles, roll-in shower, tub lifts, etc;)
 Appropriate square footage for turning radius in hallways and building entrances
 Fully Accessible (all of the above plus roll-under counters and other features)

Are your programs and facilities accessible, as appropriate, through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms, and Braille, large print or taped information for the visually or cognitively impaired?

- Yes No

What other benefits/amenities at this location set it apart from similar facilities?

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Are you willing to expand into different kinds of services, service models, or population groups?

- Yes No

If "Yes," which services and how long do you estimate it would take you to develop them?

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Do you feel your program requires additional training prior to developing and implementing a new service? If so, what type of training?

List here anything else you would like us to know about your employment services:

Section F: Signature

Please review this document for accuracy then sign. Your signature certifies that this information is accurate and truthful to the best of your knowledge.

Signature _____

Printed Name _____

Position Title _____ Date _____

Please return this form with the enclosed postage-paid envelope to Employment Services Project Coordinator, Jessica Brooks, using the address below within 15 business days or email to brooks@carewisc.org. Also, you have the option to fax this completed survey to (608) 245-3077.

Care Wisconsin First, Inc.
Attention: Jessica Brooks
2802 International Lane
P.O. Box 14017
Madison, WI 53708-0017

Section G: Definitions

Prevocational services is the provision of services intended to prepare an individual for paid or unpaid employment but which are not job task oriented. Services include teaching an individual such concepts as following directions, attending to tasks, task completion problem solving, safety and mobility training. Prevocational services furnished under the Family Care Partnership program are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Prevocational services may be provided to supplement, but may not duplicate services provided under vocational futures planning provided under the Family Care Partnership program. Transportation may be provided between the individual's place of residence and the site of the rehabilitation services or between rehabilitation sites (in cases where the individual receives rehabilitation services in more than one place) as a component part of rehabilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of rehabilitation services.

Supported employment services is the provision of support to maintain paid, competitive employment in an integrated work setting to individuals who, because of their disabilities, need intensive on-going support to perform in a work setting. Supported employment services include supervision, training, transportation services needed to provide intensive ongoing support, and any activity needed to sustain paid work by the member, i.e., supported employment assessment, supported employment job placement, supported employment training, and supported employment follow-up. Supported employment services furnished under the Family Care Partnership program are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Supported employment services may be provided to supplement, but may not duplicate services provided under vocational futures planning provided under the Family Care Partnership program.

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Vocational futures planning (VFP) is a consumer-directed, team based comprehensive employment service that supports Family Care Partnership program members to obtain, maintain or advance in employment. The agency providing vocational futures planning services will ensure that it includes: identification of the barriers to work, including an assistive technology pre-screen and, if required, an in-depth comprehensive assessment; benefits analysis; resource team coordination; career exploration; job seeking support; and ongoing support. Vocational futures planning must be done by a team of qualified professionals that includes, at a minimum, an employment specialist, a benefits counselor and an assistive technology consultant. Vocational futures planning furnished under the Family Care Partnership program are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602 (61) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)). When this service is provided the member record must contain activity reports, completed by the VFP Team and filed within thirty (30) days of completing each of the six required activities, and monthly ongoing support reports from the VFP Team. Vocational futures planning excludes services that could be provided as supported employment or prevocational sheltered employment and work activity services.

Daily living skills training is the provision of training in activities of daily living such as child-rearing skills, money management, home care maintenance, food preparation and accessing and using community resources.

Specialized transportation services assist in improving an individual's general mobility and ability to perform tasks independently and to gain access to Family Care Partnership program and other community services, activities and resources. Services can consist of material benefits such as tickets or other fare medium needed as well as direct conveyance of members and their attendants to destinations.

Personal care services. (1) COVERED SERVICES. (a) Personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. These services shall be provided upon written orders of a physician by a provider certified under s. HFS 105.17 and by a personal care worker employed by the provider or under contract to the provider who is supervised by a registered nurse according to a written plan of care. The personal care worker shall be assigned by the supervising registered nurse to specific recipients to do specific tasks for those recipients for which the personal care worker has been trained. The personal care worker's training for these specific tasks shall be assured by the supervising registered nurse. The personal care worker is limited to performing only those tasks and services as assigned for each recipient and for which he or she has been specifically trained. (b) Covered personal care services are:

1. Assistance with bathing;
2. Assistance with getting in and out of bed;
3. Assistance with mobility and ambulation including use of walker, cane or crutches;
4. Changing the recipient's bed and laundering the bed linens and the recipient's personal clothing;
5. Skin care excluding wound care; teeth, mouth, denture and hair care;
6. Care of eyeglasses and hearing aids;
7. Assistance with dressing and undressing;
8. Toileting, including use and care of bedpan, urinal, commode or toilet;
9. Light cleaning in essential areas of the home used during personal care service activities;
10. Meal preparation, food purchasing and meal serving;
11. Simple transfers including bed to chair or wheelchair and reverse; and
12. Accompanying the recipient to obtain medical diagnosis and treatment.

Supportive home care (SHC) services are services to provide necessary assistance for eligible persons in order to meet their daily living needs and to insure adequate functioning at home, in small integrated alternate care settings and in the community. Supportive home care services differ from the State plan services in that they are monitored by case managers and provide services as indicated in a plan of care. Services include:

1. Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event. They include: outdoor activities such as yard work and snow shoveling; indoor activities such as window washing, cleaning of attics and basements, cleaning of carpets, rugs and drapery, and refrigerator/freezer defrosting; and the necessary cleaning of vehicles, wheelchairs and other adaptive equipment and home modifications such as ramps.
2. Hands-on assistance with activities of daily living such as dressing/undressing, bathing, feeding, toileting, assistance with ambulation (including the use of a walker, cane, etc.), care of hair and care of teeth or dentures. Can also include preparation and cleaning of areas used during personal care activities such as the bathroom and kitchen.
3. Routine housecleaning and housekeeping activities performed for a member that are not associated with the provision of personal care services. Routine home care consists of housework tasks that take place on a daily, weekly or other regular basis, including: washing dishes, laundry, dusting, vacuuming, meal preparation and shopping for food (where no feeding of the member is involved); other shopping and similar activities that do not involve hands-on care of the member.

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4. Services that provide observation of the member to assure safety, oversight direction of the member to complete activities of daily living, instrumental activities of daily living, or companionship for the member (does not include hands-on care as provided under personal care).