

Community Employment Application





Greetings Rehabilitation Professionals,

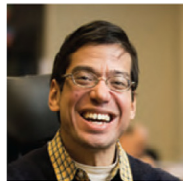
The enclosed application materials are designed to assist vocational rehabilitation counselors and other rehabilitation professionals to refer persons with disabilities they are serving to be considered for community based employment within ServiceSource.

Our mission is to deliver exceptional services to individuals with disabilities through innovative and valued employment, training, habilitation, housing, and support services.

It is our intent to work closely with you through each step of the referral and placement process so that we can jointly facilitate a successful employment experience for persons served.

We look forward to working with you!

*Sincerely,
ServiceSource Staff*



About Us

ServiceSource is a 501(c)(3) nonprofit organization headquartered in Oakton, Virginia, which serves more than 17,000 people with disabilities annually and directly employs more than 1,300 people with disabilities. We offer a range of programs to support people with disabilities, and in addition we provide direct employment opportunities for people with disabilities on commercial and government contracts. ServiceSource affirmatively hires persons with significant disabilities into employment in the following lines of business:

*Administrative
Support*

*Food
Services*

*Mail Center
Management*

*Total Facilities
Management*

*Document
Management*

3 Easy Steps to Apply

- ✓ **Step 1:** Call your nearest ServiceSource contact. Refer to the list below. Our Program Outreach Specialists are pleased to assist applicants in completing these steps:

Aurora/Colorado Springs, Colorado

Alayne Kelly
(719) 510-2328
Co-Jobs@servicesource.org

Boyers, Pennsylvania

Julie DeLuca
(571) 969-9251
Boyers-jobs@servicesource.org

Florida

Miranda Ray or Dianne Duncan
(727) 538-7370
Jobs-FL@servicesource.org

Fort Worth, Texas

ReCharde Johnson
(571) 455-8541
Tx-jobs@servicesource.org

Newport News/Fort Eustis, Virginia

Brittany Fitzgerald
(757) 503-1222
FtEustis-jobs@servicesource.org

North Carolina/Kentucky

Jennifer DeVlieger
(910) 826-4699 ext. 4699
Jobs-NCKY@servicesource.org

Northern Virginia, Washington, DC, Maryland

Sylvia McGill-Jones
(703) 970-3697
VAMDDC-Jobs@servicesource.org

Northern Virginia/Quantico – Food Services

Lisa Singleton
(571) 455-0195
Jobs-VA-FoodService@servicesource.org

St. Louis, Missouri

Timothy Taylor
(314) 202-9199
Stl-jobs@servicesource.org



- ✓ **Step 2:** Submit completed **Community Employment Application** (*page 4 and 5 enclosed*) and **Resume** to a local ServiceSource contact

- ✓ **Step 3:** Submit **Documentation of Disability** to a local ServiceSource contact (*see sample template enclosed on Page 6*)

Introductory Data Sheet

Name:			
Address:			Home Phone:
Email Address:			Cell Phone:
Social Security Number:	Date of Birth:	Primary Language:	Secondary Language:

Referring Agency:	Referring Agency Contact Person:
Referral Agency Address:	Referring Agency Contact Phone:
	Referring Agency Contact Email Address:
Reason for Referral:	

For statistical purposes only. Please check all that apply:

Sex:	Ethnicity:	Legal Status:	Veteran Status:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	<input type="checkbox"/> Are you a US citizen? <input type="checkbox"/> Are you a permanent resident of US? <input type="checkbox"/> Can you work legally in the US?	<input type="checkbox"/> Are you a veteran? If yes: <input type="checkbox"/> Did you serve in Vietnam? <input type="checkbox"/> Did you serve in Iraq or Afghanistan? <input type="checkbox"/> Do you have a service connected disability?

Guardianship Status: Do you have a legal guardian? ___ Yes ___ No Legal guardian refers to a court adjudicated legal guardian	Allergies / Physical Restrictions: _____ _____ _____ _____
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Emergency Contact:			
Name: _____			
Address: _____		_____	
Street	City	State	Zip
Phone (H): _____	Phone (C): _____	Phone (W): _____	
Email: _____			
Type of contact:			
_____ Parent	_____ Sibling	_____ Therapist	_____ Support Coordinator / Case Manager _____ Doctor
_____ Other: Please specify: _____			

Comprehensive Release Form

Name required for release to be valid
 All Releases below pertain to (List Participant Name): _____

Participant or Applicant Name

RELEASE OF INFORMATION

I, (above named participant), hereby authorize ServiceSource, Inc. to release information to /or obtain information from:
 (Check all that apply)

- Provider(s) of Funding: _____ [verbal / written]
- Residential Provider [verbal / written]
- Doctor [verbal / written]
- Social Security [verbal / written]
- Family Members/Friends (please specify): _____ [verbal / written]
- Compliance Surveyors (CARF, State DD or BH Agency, State Medicaid Agency, SourceAmerica, AbilityOne Commission, DOL, and other federal compliance agencies)
- Other _____ [verbal / written]
- Other _____ [verbal / written]
- Other _____ [verbal / written]

I understand that the information will be used for professional purposes only and will be limited to the following information:
 (Check all that apply)

- Vocational Evaluation
- Psychological Reports
- Individual Program Plans
- Other, specify: _____
- Medical Reports
- Social History
- Progress Reports

This purpose of this release is to:

- Coordinate vocational/rehabilitation program
- Verification of employment (salary, dates of employment, title, social security number)
- Verify compliance with regulatory Requirements
- Other, specify: _____

 Participant

 Date

 Court Appointment Legal Guardian

 Date

ALL RELEASES VALID FOR ONE YEAR FROM DATE SIGNED UNLESS RESCINDED BY PARTICIPANT

Form revised 5/19/17

Documentation of Disability - SAMPLE FORM

This sample is provided to demonstrate form content. Completed documentation must be submitted on **letterhead of licensed medical or mental health professional.**

Note: State VR Eligibility Determination form or documentation from the Veterans Administration may be submitted in lieu of a written letter by a licensed medical or mental health professional.

LETTERHEAD HERE

Date:

To: ServiceSource

RE: Documentation of Disability

Individual's name: _____

Please be advised that the above individual has a diagnosis of:

This diagnosis has an impact on the following:

Area	Check all that apply	Assistance or accommodation which may be needed (How is the person impacted due to their disability?)
Self Care		
Self Direction		
Work Skills		
Work Tolerance		
Communication		
Mobility		

Print Name and Title (Physician, Psychiatrist, or other specialist)

Signature and Title

*Persons considered eligible for ServiceSource's community employment program must have a severe physical or mental disability (residual, limiting condition resulting from an injury disease, or congenital condition).