

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 29,500 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 Gonzie Gray

(571) 455-8541 Co-Jobs@servicesource.org

Boyers, Pennsylvania

Gonzie Gray (571) 455-8541

Boyers-jobs@servicesource.org

Fort Worth, Texas

Gonzie Gray (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

Gonzie Gray ((571) 455-8541

VAMDDC-Jobs@servicesource.org

Quantico, Virginia

Tierra Greene

(703) 970-3697

Jobs-VA-FoodService@servicesource.org

St. Louis, Missouri

Melissa Stute

(314) 313-3962

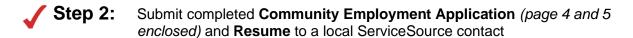
Stl-jobs@servicesource.org

Clearfield, Tooele, and Brigham City, Utah

Sundi Warden

(385) 423-3926

Ut-Jobs@servicesource.org



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:	Primary Language: Se			
Referring Age	ency:			Referring Agency Contact Person:				
Referral Agend	y Address:			Referring Agency Contact Phone:				
				Referring Agency Contact Email Address:				
Reason for Re	ferral:							
For statistical	nurnosas only F	Please check all tha	at annly:					
Sex:	Ethnicity:	lease check all the	Legal Stati	IS.	Veteran	Status:		
□ Male □ American Indian □ Are you □ Female □ Black □ Are you □ Non- □ Caucasian of US?			□ Are you a veteran? □ a permanent resident □ If yes:					
Guardianship	Status:			Allergies / Physical Re	estrictions	s:		
Do you have a	legal guardian?							
YesN	٧o						-	
Legal guardian	refere to a court	adjudicated legal	guardian				-	
Legal guardian	releis to a court	adjudicated legal (guardian					
Emergency C	ontact:							
Name:								
Address:	reet			City	State	e Zip		
		Dhono (C)		•		•		
Phone (H):Phone (C):Phone (W):								
Email:								
Type of contact:ParentSiblingTherapistSupport Coordinator / Case ManagerDoctor								
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] □ 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 □ Medical Reports □ Psychological Reports □ Social History □ Individual Program Plans □ Progress Reports □ Other, specify: □
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

Government Contracts Division - Non-Sponsored Employment Program Parameters (GCD Unfunded)

Program	Parameter					
content						
Supervision	Supervision levels vary. ServiceSource cannot provide supervision off site and will not accept liability for					
	individuals choosing to leave a Community Employment ServiceSource site.					
Program	Employment locations are frequently located in a federal facility. Each employment location employs people					
Environment	with a variety of support needs.					
Physical requirements	The work environment and tasks will vary based on the employment setting. Individuals should review the job description in its entirety, with their support team as necessary, to ensure the individual is able to meet the physical demands of the job with or without accommodations. If accommodations are needed the individual should work with the Human Resources department, with support from the team as needed. Positions may also require an individual to have a security clearance. Performing employment related tasks may involve individuals to interact with other employees and customers.					
Medical Supervision	ServiceSource does not provide any professional medical personnel (i.e. physician, nurse, physician's assistant, EMT, other) or services. Selected ServiceSource staff are trained in First Aid and CPR					
Wages	Wages of ServiceSource employees are paid in accordance with the Department of Labor and other applicable regulations.					
Voluntary	Participation in this program is voluntary and individuals can choose to end services at any time.					
nature of the	The wishes of an individual to leave the premises of the job site are not restricted.					
program						
Transportation	In general, ServiceSource does not provide transportation to and from the workplace, nor supervision when					
	individuals are arriving at or departing from the workplace.					

General Program Admission/Retention Criteria

- 1. The individual requests placement in the program.
- 2. The individual must be eighteen (18) years of age or older. Individuals under eighteen (18) years of age will be reviewed on a caseby-case basis.
- 3. The Individual must have a documented disability.
- 4. As determined by the referral and internal screening process, participation in the program is desired, beneficial, and appropriate for the individual.
- 5. Information and documentation necessary to start services may vary according to program.
- 6. The individual should be in stable medical condition for the program or work environment. ServiceSource may attempt to verify that the individual is free of communicable disease and is not in a crisis state.
- 7. The individual should not be considered a clear and continuing danger to self or others, or disruptive to the program or work environment.
- 8. The individual requesting services and, as appropriate, family member(s) or a designated representative must participate as members of the Interdisciplinary Team (IDT) and cooperate in the development and implementation of the program plan.
- 9. The individual must be willing and able to abide by all policies, regulations and safety practices of the work environment.
- 10. The individual must be able to follow oral, written, and/or demonstrated instructions within the supervisory or support level

	available.
11.	The individual must be able to care for personal needs or have personal care assistance provided.
	The individual must have transportation to and from the work or program site.
13.	The individual must be unable to obtain and/or maintain competitive employment without programmatic support.
14.	The individual is expected to maintain a 75% attendance rate, unless otherwise dictated by an individual support plan or work environment.
lun	derstand the program parameters presented above.
Indi	vidual Signature and Date



Reasonable Accommodations Request

If you require any accommodations to assist you with the hiring/interview process, please list them below.

Applicant Name:	Date:
Do you require any accommodations for the hiring/int	terview process?
If yes, what accommodations?	
Do you require any accommodations once you are hired?	□Yes □No
If yes, please reach out to HR for formal accommodations r	equest form- 703-461-6000

Medical Professional Statement

The AbilityOne® Program is one of the nation's largest sources of employment for people who are blind or have significant disabilities. This Federal Program is administered by the U.S. AbilityOne Commission, the operating name for the Committee for Purchase from People Who Are Blind or Severely Disabled. Additional information on the Program can be found at www.abilityone.gov.

ServiceSource, a qualified nonprofit agency operating within the AbilityOne® Program, affirmatively hires persons with significant disabilities. ServiceSource has provided this **Medical Professional Statement** form to assist persons interested in the Program's employment opportunities, and their medical providers, with submitting all necessary information for consideration.

The information provided on this form will specifically be used to determine an individual's eligibility for employment opportunities based on identification of (1) significant disability and (2) the ability to find and maintain competitive employment outside of the Program without support.

The definition of severe disability used for purposes of this Program is found below.

Definition of Disability (41 CFR 51-1.3)

Other severely disabled and severely disabled individuals (hereinafter persons with severe disabilities) mean a person other than a blind person who has a severe physical or mental impairment (a residual, limiting condition resulting from an injury, disease, or congenital defect) which so limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is unable to engage in normal competitive employment over an extended period of time.

"Severely disabled individual; Severe disability; Significantly disabled individual; Significant disability;" are interchangeable or synonymous terms used within the AbilityOne Program to describe persons with severe disabilities who qualify to participate in the AbilityOne Program.

ServiceSource is required to obtain documentation of a significant disability as per US AbilityOne Commission Policy 51.408.

Accepted Credentials to Complete Form (US AbilityOne Commission Policy 51.408)

This form must be completed by a licensed physician, psychiatrist, psychologist, or other appropriate medical professional not affiliated with the non-profit agency, who is qualified to make a diagnosis of the individual's disabling condition(s), which reflects the nature and extent of the disabling condition(s).

Medical professionals who meet the above credentials may provide their own official forms or medical reports as long as the documentation provides the determined diagnos(es) and full contact information, to include:

- Legible, full name of the licensed professional; and
- Name and address of the licensed professional's practice; and
- Contact information for licensed professional or practice; and
- Signature (electronic or ink) and date.



Medical Professional Statement

ME	DICAL INFORMATION				
1. Individual's Name:					
2. Individual's Date of Birth//					
. The individual has been diagnosed with the following (required):					
Nature of Disability (Diagnosis):	Extent of Disability	Functional Limitations (Check all that apply):			
	□ Permanent □ Temporary □ Partial □ Total □ Indeterminate	☐ Mobility ☐ Self-Direction ☐ Communication ☐ WorkTolerance ☐ Self-Care ☐ Work Skills			
Please provide any additional information concerning e	xtent of disability and/or f	runctional limitations that you deem necessary:			
Nature of Disability (Diagnosis):	Extent of Disability	Functional Limitations (Check all that apply):			
	□ Permanent□ Temporary□ Partial□ Total□ Indeterminate	□ Mobility □ Self-Direction □ Communication □ WorkTolerance □ Self-Care □ Work Skills			
Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:					
Nature of Disability (Diagnosis):	Extent of Disability	Functional Limitations (Check all that apply):			
	□ Permanent □ Temporary □ Partial □ Total □ Indeterminate	□ Mobility □ Self-Direction □ Communication □ WorkTolerance □ Self-Care □ Work Skills			
Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:					
Nature of Disability (Diagnosis):	Extent of Disability	Functional Limitations (Check all that apply):			
	☐ Permanent☐ Temporary☐ Partial☐ Total☐ Indeterminate	 ☐ Mobility ☐ Communication ☐ Self-Direction ☐ Work Tolerance ☐ Work Skills 			
Please provide any additional information concerning e	xtent of disability and/or f	functional limitations that you deem necessary:			



Medical Professional Statement

ndividual's Name:								
ndividual's Date of Birth								
Nature of Diochills	tu (Diamasia)		out of Dischility		Functional	l imitati		
Nature of Disability (Diagnosis):		Extent of Disability			Functional Limitations (Check all that apply):			
		□ T	Permanent Femporary Partial Fotal		Mobility Communication Self-Care		Self-Direction WorkTolerand Work Skills	
			ndeterminate					
Please provide any additional	l information concerning ex			unctio	onal limitations that	you dee.	m necessary:	
Special Accommodations/C	Comments:							
Professional Identification	required)	es		No				
			A st	amp w	ith Practice Name, Add is acceptable Here		Phone	
ame of Practice:								
ddress and Phone:								
cense Number:								
gnature and Title of Medical	Professional:							
ate:								
<u> </u>								

ServiceSource will securely store the medical professional statement in compliance with Health Insurance Portability and Accountability Act's Security Standards for the Protection of Electronic Protected Health Information.



Frequently Asked Questions Concerning Participation in ServiceSource Community Employment

How are wages determined for direct labor positions on ServiceSource community based contracts?

The majority of ServiceSource contracts employing persons with and without disabilities are federal contracts governed by the Service Contract Act (SCA). In some cases, the additional overlay of a Collective Bargaining Agreement (CBA) is in place. Wages for all direct labor positions within contracts governed by the SCA are established by the Department of Labor's (DOL) federal wage determination. Wage determinations are reviewed periodically by the DOL. Most wage determinations are updated annually. Where a CBA is in place, the CBA becomes the method of wage and benefit determination.

ServiceSource pays the full DOL determined wage rate for all direct labor positions and does NOT pay commensurate wages (pay for productivity).

Why must an individual provide information from a medical doctor or other specialist concerning their disability to be considered for employment?

As a qualified nonprofit agency operating within the AbilityOne program, ServiceSource affirmatively hires persons with significant disabilities. For the majority of direct labor positions, ServiceSource will obtain documentation of a significant disability as per the JWOD Act. The specific requirement is as follows:

"A written report signed by a licensed physician, psychiatrist, or qualified psychologist, reflecting the nature and extent of the disability or disabilities that cause such person to qualify as a person with a severe disability, or a certification of the disability or disabilities by a state or local government entity."

Are there any other considerations for participation in a direct labor employment position?

ServiceSource will perform ongoing Individual Eligibility Evaluations designed to determine an individual's capability and desire to obtain and retain competitive employment outside of the ServiceSource direct labor employment. If an individual is determined to be capable and desirous of competitive employment, ServiceSource will provide outplacement support to the individual.

Are there supports in place that are provided to individuals with disabilities working within direct labor positions?

Yes, all employees are paired with ServiceSource Vocational Rehabilitation staff responsible for providing support and advocacy and arranging outplacement assistance as requested. Some program sites have additional supports of a skills trainer to provide individualized training assistance that supervisory staff may not be able to address.