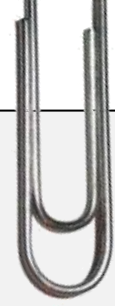


Community Employment Application





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 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*)

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)

- | | |
|---|---|
| <input type="checkbox"/> Vocational Evaluation | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Individual Program Plans | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> 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



ServiceSource

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/interview process? Yes No

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 request 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

MEDICAL INFORMATION

1. Individual's Name:

2. Individual's Date of Birth

3. The individual has been diagnosed with the following (required):

Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		

Medical Professional Statement

Individual's Name:

Individual's Date of Birth

Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):	
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Communication <input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Direction <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Work Skills

Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:

Special Accommodations/Comments:

4. It is my professional opinion that the above-named individual has a (1) significant disability and (2) the need for assistance to find and maintain competitive employment outside of the AbilityOne program and (3) would benefit from a program that assists with employment, training, and support. **(Response to this question is optional):**

Yes

No

5. Professional Identification (required)

Printed Name of Medical Professional:

Name of Practice:

Address and Phone:

License Number:

Signature and Title of Medical Professional:

Date:

A stamp with Practice Name, Address and Phone is acceptable Here

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.