

Community Employment Application





Greetings Rehabilitation Professionals,

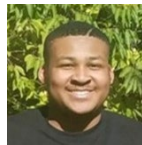
The enclosed application materials are designed to assist vocational rehabilitation counselors and other rehabilitation professionals to refer persons with disabilities they are serving to be considered for community-based employment within ServiceSource.

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 comprised of multiple affiliated 501(c)(3) nonprofit organizations and our shared mission is to facilitate services, resources and partnerships to support people with disabilities and others we serve, along with their families, their caregivers and community members, in order to build more inclusive communities. Locations that offer the Community Employment Program include:

- Employment Source, A ServiceSource Affiliate in Fayetteville, NC
- Opportunity Center, Inc, A ServiceSource Affiliate in New Castle, DE
- PARC, A ServiceSource Affiliate in Clearfield, UT
- ServiceSource headquartered in Oakton, VA
- WorkSource, A ServiceSource Affiliate in Charlottesville, VA

3 Easy Steps to Apply

- ✓ **Step 1:** Contact your local representative if you have questions or need assistance.

Colorado – Aurora, Colorado Springs
719- 510-2328

Co-Jobs@servicesource.org

Delaware, Pennsylvania, Maryland

302-765-1259

Jobs-DEPAMDTX@servicesource.org

Missouri - St. Louis

314-202-9199

Stl-jobs@servicesource.org

North Carolina, Kentucky

910-635-9141

Jobs-NCKY@servicesource.org

Pennsylvania - Boyers

571-455-8541

Boyers-jobs@servicesource.org

Texas - Fort Worth

571-455-8541

Tx-jobs@servicesource.org

Utah - Brigham City, Tooele

385-423-3926

UT-jobs@servicesource.org

Virginia - Charlottesville

571-635-0669

CharlottesvilleVA-Jobs@servicesource.org

Virginia - Chesapeake, Newport News

757-503-1222

FtEustis-jobs@servicesource.org

Washington DC, Maryland, Virginia

(571) 723-0673

VAMDDC-Jobs@servicesource.org

Washington, DC, Virginia – Food Services

(571) 418-9939

Jobs-VA-FoodService@servicesource.org



- ✓ **Step 2:** Apply online at www.servicesource.org/careers. You may apply for Community Employment Program careers or Staff careers.

- ✓ **Step 3:** Submit this completed packet along with medical documentation to the applicable email address above. More information about medical documentation is found later in this packet.

Introductory Data Sheet

Name:	
Address:	Cell Phone:
Email Address:	Other Phone:

Referring Agency

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

Guardianship Status

<p>Do you have a legal guardian?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Legal guardian refers to a court adjudicated legal guardian</p>
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Allergies / Physical Restrictions

<p>List any allergies or physical restrictions you may.</p>

Emergency Contact

Name:	
Address:	
Email Address:	Phone:
Relationship to Applicant:	

Release of Information

All releases below pertain to: _____
Applicant Name (printed)

I, (above named applicant), hereby authorize ServiceSource to release information to or obtain information from: (check all that apply)

- ☐ Referral Agency: _____
- ☐ Medical Provider: _____
- ☐ Family Members/Friends: _____
- ☐ Residential Provider: _____
- ☐ Social Security Administration
- ☐ Veterans Administration

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

- ☐ Psychological Evaluation
- ☐ Individualized Education Plan or 504 Plan
- ☐ Medical Professional Statement
- ☐ Documentation of Disability
- ☐ HCBS eligibility
- ☐ Social Security eligibility
- ☐ Veterans Administration records
- ☐ Vocational Rehabilitation eligibility

This purpose of this release is to:

- ☐ Determine eligibility for the AbilityOne program
- ☐ Other: _____

Applicant Signature

Date

Court Appointment Legal Guardian Signature

Date

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

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

Program content	Parameter
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 Environment	Employment locations are frequently located in a federal facility. Each employment location employs people 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 program	Participation in this program is voluntary and individuals can choose to end services at any time. The wishes of an individual to leave the premises of the job site are not restricted.
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.
<u>General Program Admission/Retention Criteria</u> <ol style="list-style-type: none"> 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 case- by-case basis. 3. The individual must have a documented disability that meets the AbilityOne definition of a significant disability or blindness. 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. 12. 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. 	
I understand the program parameters presented above.	
<div style="display: flex; justify-content: space-between;"> <div> _____ Applicant or Legal Guardian Signature </div> <div> _____ Date </div> </div>	

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 at 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.

<i>Definition of Disability (41 CFR 51-1.3)</i>
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 51.403.

<i>Accepted Credentials to Complete Form (US AbilityOne Commission Policy 51.403)</i>
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 (Diagnosis):	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:		
	<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:		
	<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:		
	<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:		

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"/> 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>		

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.

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).

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.