

**VR / Developmental Services
Request of Confirmation of Waiver Services**

(Note: To be completed by VR personnel in conjunction with case manager)

Consumer _____ DOB _____

The Division of Vocational Rehabilitation is requesting that the Department of Adult Developmental Services provide work support funding for the above named individual. The projected support need is as follows: (Note- the request must be within the cap guidelines for section 21 or 29)

The person named above is receiving section 21 -Cap of 600 hrs/yr

The person named above is receiving section 29 -Cap of 300 hrs/yr

- Note:
- Confirmation of a person receiving section 21 or 29 allows for the VR process to continue.
 - Confirmation of hours needed can occur later in the process as long as it is within the caps.

Describe planned reduction in long term support costs:

Individual NOT presently eligible for Maine Care
_____ Amount of Grant dollars requested

VR Counselor Signature _____ Date: _____
Case Manager Signature _____ Date: _____
D.S. Signature _____ Date: _____

NOTIFICATION OF LONG TERM SUPPORTS- 30 Day Notification

Funding agreement/ final documentation to be completed when D.S. consumer is minimally within a month of being ready to transition to long term support.

Work Site: _____ Job Title: _____

Work Hours: _____ Contact Person: _____

Long Term Support Agency: _____

Address: _____

Job Coaching- Hours per Month at Long Term Support Sign Off: _____

Start Date of Long Term Support: _____

VR Counselor Signature: _____ Date: _____

D.S. Signature: _____ Date: _____