

REQUEST FOR ADDITIONAL EMPLOYMENT PREPARATION SERVICES (EPR)

Prevocational Services for Competitive Integrated Employment (CIE)

Form: Additional EPR Request Form

Version Date: August 2023

This form should be completed by the Support Coordinator (SCE) on behalf of any person who is requesting, or who is intending to extend EPR services beyond the allotted 24 month period. The form should be completed and signed by the Support Coordinator and then uploaded to the Document section of USTEPS. All requests for new or additional EPR must be submitted through the Request for Services (RFS) process by a Support Coordinator.

FORMS WITH MISSING INFORMATION WILL NOT BE REVIEWED.

TODAY'S DATE:

NAME OF PERSON:

DOB:

PERSON'S ID:

SUPPORT COORDINATOR:

SCE EMAIL:

PHONE NUMBER:

1. What kinds of CIE jobs would this person be interested in finding in the future?

2. Please explain and justify why this training could not occur instead through volunteering, an internship, or an entry-level CIE job?

3. What plan has the Person-Centered Support team made to support future CIE? What Person-Centered Planning Tools have you used to answer this question? (Please attach all Person-Centered Planning Tools to the RFS or any emailed requests for review. The review team may recommend additional tools in their response).

4. Please explain how continuing EPR will be used to make progress towards CIE. (The response will be used as a reference for future EPR extension requests.)

5. What is the Employment Goal?

5a. List all support items connected to this employment goal:

5b. Who will provide the support?

5c. What does success in employment look like for this person?

5d. What does success in employment look like for the support team?

6. How do the identified prevocational skills connect to the person's interests?

6a. List the prevocational skills the EPR will address:

7. What alternatives to EPR have been tried already? What other alternatives do you intend to try during this EPR extension period if granted?

8. In the field below, indicate the number of additional weeks or months of EPR requested. Explain the reasoning for this timeline and justify why it is requested:

APPROVAL - SUPPORT COORDINATOR

Signature:

Date: