**PLAN OF EXTENDED SERVICES AND SUPPORTS**

|  |  |
| --- | --- |
| Name of Person:      | Provider:      |
| **Instructions:** Below, record any anticipated supports needed to maintain employment once DCRSA has closed the case. Record the potential provider to provide each support and potential resources for any associated costs. |
| **Extended services and supports needed** | **Frequency of Support Needs** | **Potential Provider and Contact Information** | **Plan for Providing the Needed Services and Supports** | **Identified Resource to Provide or Sponsor Supports** |
| **Examples:** |
| Assistance with day to day job duties as issues arise | Daily | Employer Natural Supports | Supervisor Dan will provide a daily check-in of performanceMentor Melissa – will be the “go to” person for primary job duty, answering the phoneMentor Steve - will be the “go to” person for primary job duty, copying. | In-kind service sponsored by employees of employer |
| Medication management | Monthly | Case manager | Case manager will assist this person to inform the employer if change in medication may affect ability to work. | Medicaid funded |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |
| 1.
 |       |       |       |       |