**PLAN OF EXTENDED SERVICES AND SUPPORTS**

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| 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 performance  Mentor Melissa – will be the “go to” person for primary job duty, answering the phone  Mentor 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 |
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