|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person’s legal name:** |  |  |  | **Plan effective dates:** | - |

# Confirming choices offered to the person

*The person has the right to make an informed choice about where to live and receive services, to choose which services to use, and to select from available providers to deliver those services.*

*The ISP is developed based on a person centered planning process that involves presenting the person with available options and the opportunity to make informed decisions about which choices are right for him/her. While choices are presented throughout the development of the ISP, this space provides the opportunity to affirm that options were presented and considered.*

***Describe the person’s preferences about where and how each service is delivered within the Chosen Services section of the ISP****. If the answer to any of the following questions is No, describe the reason why in progress notes.*

|  |
| --- |
| **Did the SC/PA share options about settings where the person can live and receive supports?** -- Yes or No --.*This must include non-disability specific options, such as in his/her own home. If the person chooses a residential setting, offer the option for a private unit.*  **Did the SC/PA share options about available case management providers?** -- Yes or No --.  **Did the SC/PA share options about available providers to deliver chosen services?** -- Yes or No --.  **If the person selected an employment or day service in a setting that is provider-controlled or facility-based, non-disability specific and community-based alternatives must also be discussed.**  Describe the options that were discussed or note where this can be found elsewhere in the ISP, such as in a desired outcome or in the Person Centered Information. Click here to describe the options that were discussed. Enter N/A if not applicable.  *For example, if the person selected facility-based employment path or day services, consider community-based options such as touring local businesses, volunteering, Employment Path Community services, Vocational Rehabilitation referral & job development, Discovery services, workforce career center, internship or other time-limited work experience in the general workforce and how these setting options might support the person toward his/her employment goals.* |

# Career Development Plan (CDP) addendum

*Reminders to SC/PAs:*

* *Facilitate a discussion about employment annually with the person. An* [*Employment Discussion Guide*](http://www.oregonisp.org/cdp/) *is available to guide the conversation. It includes specific examples of advantages of working, disadvantages of not working, and strategies to overcome common barriers to obtaining employment. Information regarding the definitions of integrated employment can be found here as well.*
* *When writing Desired Employment Outcomes in the ISP, be as specific as possible.* Include elements such as but not limited to: the number of hours a person wants to work per week, desired hourly wage, type of job the person wants, and *job location. The outcomes should incorporate employment-related information from the* ***Pre-Employment and/or Work*** *section of the Person Centered Information form.*
* *The recommended standard for planning and implementing supported employment services is the opportunity to work at least 20 hours per week, recognizing that based on individual choice, preference and circumstances, some people may choose to work at that level while others may not. Refer to OAR 411-415.*

**What is the average number of hours the person currently works per week?** Respond if the person is currently working in or exploring individual, integrated employment. Click here to enter number of hours.

**How many hours per week does the person want to work?** Respond if the person is currently working in or wants to explore individual, integrated employment. Click here to enter number of hours.

**Decision Not To Explore Employment*****------*** *This section may be removed if not applicable; indicate by using the provided dropdown.*

|  |
| --- |
| *Complete this section only if the person chooses not to work in or even explore an integrated employment setting now and does not want a waiver-funded employment service at this time. Not required for students who are still in school under IDEA or for people who are 60 or over or who will be 60 in the current ISP year. If you complete this section, you do not have to complete the Pre-Employment and/or Work section of the Person Centered Information or the Decision Not to Explore Employment (DNE) box in the ISP.*  **Describe the person’s employment-related skills:** *Typing, answering phones, timeliness, organization, follow-through, friendliness, technical or computer skills, etc.*  Click here to enter text.  **Describe the person’s employment-related preferences:** *Hours, pay, location, etc.*  Click here to enter text.  **Check at least one reason:**  Discouraged by previous employment experiences Discouraged by others  Transportation concerns Reluctant to change routine  Significant health problems and/or health-related needs Behavior challenges  Does not believe he/she is able to work  Does not want to work  Person does not have any supports for work  Person was discouraged by the VR process  Unable to find a job that matches his/her skills, interests and abilities  Concern that he/she will lose his/her Social Security Disability and/or Medicaid benefit  Other (describe): Click here to enter text.  What strategies are being or will be explored to address these reasons? *For example, benefits counseling would be one strategy for someone who is concerned about their Social Security benefits.*  Click here to enter text.  **Answer these questions:** These answers must support the responses above and must demonstrate how the decision was made. Ideally, these answers will provide a positive foundation for approaching employment in the future. Please ensure that the person and his/her supporters understand that he/she may change his/her mind at any time. *For examples, refer to the* [*Employment Discussion Guide*](http://www.oregonisp.org/cdp/)*.*   1. Does the person want to work now in integrated employment? -- Yes or No --. 2. Does the person want to work in integrated employment in the future? -- Yes, Maybe, or No --.    * If the answer was “no” to #1 and/or #2, please explain why the person does not want to work now and/or in the future: Click here to enter text. 3. Has the person had an opportunity to experience integrated employment that meets his/her skills and interests? -- Yes or No --. *Opportunity to experience integrated employment means that the person has had a job in the community that paid at least minimum wage. At this time, integrated employment includes Small Group Employment.*    * If “yes,” please briefly describe his/her integrated employment experience: Click here to enter text.    * If “no,” please describe why he/she has not had this opportunity and if there is a plan to remedy this situation: Click here to enter text. *Do not forget to answer the remedy portion of this question.* 4. Describe the discussion about the benefits integrated employment would have for the person: *Answer needs to be specific to the person. If the person struggles with concepts such as “work” or “money,” describe efforts to help the person so that he/she understands as much as possible. It may be helpful to relate back to something that is important to the person, such as going on a vacation or buying preferred items.* Click here to enter text. 5. Describe the discussion about the drawbacks of choosing not to work in integrated employment: *See the purple text in #4.* Click here to enter text. 6. Does the person understand that he/she can change his/her mind at any time during the next twelve months and decide to pursue, explore, or obtain individual, integrated employment? -- Yes or No --. 7. Share any additional information about this decision here: Click here to enter text.   ***It is the responsibility of the SC/PA to ensure completion of the following:***  *On the Career Development Plan (CDP) in the person’s ISP, in addition to indicating the person’s employment status, remember to describe the person’s educational status, status with Vocational Rehabilitation, and any known barriers to working in an individualized, integrated job and the plan to address these barriers.*  *Send a copy of this CDP addendum, the Person Centered Information form, and the ISP to ODDS.* |