
REQUEST TO PROVIDE COMMUNITY BASED PREVOCATIONAL SERVICES IN A LARGER GROUP OR MULTIPLE GROUPS

Complete this form to obtain PRIOR approval if either One or Both conditions apply:

1. *One (1) staff member delivers community based prevocational services to a group size of more than eight (8) individuals at the same location and time.*
2. *Staff deliver community based prevocational services to more than (1) group at the same location and time.*

Check all that apply and Complete the Sections Listed:

- Requesting a Group Size of more than eight (8) individuals (maximum group size 15)for Community Based Prevocational Services (Complete Sections 1, 2 and 4)**
- Requesting a Group Size of more than eight (8) individuals (maximum group size 15)for ONLY a hub for Community Based Prevocational Services. (Complete Sections 1, 2 and 4)**
- Requesting more than one (1) Group of eight (8) individuals at the same location and time for Community Based Prevocational Services. (Complete Sections 1, 3 and 4)**

SECTION 1

Name of Agency

Provider ID #

DDRO:

Contact Person:

Email Address:

Telephone Number:

Date of Request:

Community Based Prevocational Services Code(s):

SECTION 2

Requesting a Group Size of More than Eight (8) Individuals (maximum group size 15 individuals)

*A spreadsheet may be substituted and attached. The spreadsheet must contain all pertinent information below.

Name of Individual

Tabs ID #

Requested effective date:

Name of business(s) or organization(s) and address(s) where the prevocational service will take place.

1.
2.
3.
4.
5.

Requested Group Size

(Maximum 15 individuals)

Explain why:

- a) a higher level of support is no longer needed for the individual(s);

- b) the individual(s) would benefit from being in a larger group.

Explain how the requested group size will facilitate the individual(s)' transition from Prevocational services to obtaining competitive employment.

SECTION 3

Requesting Multiple Groups of Eight (8) at Same Location at the Same Time

*If there is more than ONE Community Based Prevocational location
complete a SECTION 3 for EACH location.

Name of Individual(s) *(Attach a spreadsheet with TABS ID if more than 1 individual)*

Tabs ID #

Effective date:

Community Based Prevocational
Program Code:

Name of business or organization and address where the prevocational services are provided.

Name:

Address:

Complete this weekly calendar for the number of people at this location at the same time.

List the typical number of individuals with I/DD receiving HCBS services and the number of people without I/DD who are not paid by OPWDD to support individual(s) in the worksite and/or activity.

Day of the Week	9-11 am		11-1 pm		1-3 pm	
	# OPWDD HCBS Individuals	# Individuals Without Disabilities	# OPWDD HCBS Individuals	# Individuals Without Disabilities	# OPWDD HCBS Individuals	# Individuals Without Disabilities
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Sat/Sunday						

Describe how multiple groups in one location can provide a true community experience for the individuals.

Describe how individuals participate in other community activities outside this location.

How Worksite and/or Activity with Multiple Groups Meet Integrated Settings Requirements

Each worksite and/or activity meets the integration standards because the individual participating in these activities as listed below: (check all that apply):

- Interacts and takes direction from a supervisor at the business (not paid to provide services).
- Interacts with coworkers without disabilities.
- Is learning job-related skills alongside individuals without disabilities
- Meets/greets/serves customers in the broader community.
- Attends trainings with coworkers without disabilities.
- Has access to break/lunch facilities, the same as coworkers without disabilities.
- Has access to public/community transportation options in the general community.
- Has access to the greater community.
- Attends staff meetings and company activities/events with coworkers without disabilities.
- Has access to job resources, workplace materials, paychecks, etc. the same as coworkers without disabilities.
- Has other opportunities outside of an agency site to interact with the general public without disabilities (CBPV).

For all the checked boxes above, describe how each worksite and/or activity meets the integration standards with examples in the space provided below:

SECTION 4

Must be submitted by the Provider Agency's Director, Manager or Supervisor of Prevocational Services

Printed name

Title

Email address

Date

PLEASE SUBMIT THE COMPLETED FORM TO:

PRE.VOC.GROUP.SIZE.REQUEST@OPWDD.NY.GOV

For OPWDD Central Office Only

Approved (check one):

Yes

No

Effective Date:

Expiration Date:

Approval Number:

OPWDD Signature

Date:

Providers must retain a copy of this form for six (6) years if approval is granted.

Please note: If you have authorized new enrollments for community based prevocational service then this approval will include new enrollments in a larger group size and/or multiple groups through the expiration date.