

---

---

## **REQUEST TO PROVIDE PREVOCATIONAL SERVICES IN A LARGER GROUP OR MULTIPLE GROUPS**

Complete this form to obtain prior approval if either or both conditions apply.

A separate request must be submitted for each of type of Prevocational Services.

### **Type of Prevocational Services**

#### **Community Based Prevocational Services**

If requesting a larger group size of more than eight (8) individuals at the same location and time, **INCLUDING GROUPS AT A COMMUNITY BASED HUB**, complete sections 1, 2, 4 and 5.

If requesting multiple groups of eight (8) individuals at the same location and time, **INCLUDING GROUPS AT A COMMUNITY BASED HUB**, complete sections 1, 3, 4 and 5.

#### **Site Based Prevocational Services**

If requesting a larger group size of more than eight (8) individuals, at the same location and time, complete sections 1, 2, 4 and 5.

**Note:** Per regulation, Site Based Prevocational Services for more than 1 group of (8) at the same location and time is allowable as long as the agency continues to maintain acceptable integration levels.

## **SECTION 1**

Name of Agency:

Provider ID #

DDRO:

Agency Contact Person:

Email Address:

Telephone Number:

Date of Request:

Prevocational Services Code(s):

**SECTION 2**

**Requesting a Larger Group Size of More than 8 Individuals  
Maximum Group Size 15 Individuals**

***Reminder: Please complete the roster provided in Section 4.***

***\*A spreadsheet with all pertinent information may be substituted.***

Requested effective date:

***Reminder: Certified space may be utilized as a hub in Community Based Prevocational Services, but the time spent in a certified setting cannot exceed 2 hours per day. Refer to regulation and ADM for additional guidance.***

Location(s) where Prevocational Services will be delivered, indicate address and type of location (agency, business, organization or hub).

1.
2.
3.
4.
5.

Requested Group Size  **Maximum 15 individuals**

Does your agency hold any of the following contracts (check all that apply):

Source America  NYSID  Military  For Profit Business  Other

Does your agency currently hold a 14 (c) Certificate?  Yes  No

If yes, how many individuals are being paid subminimum wages utilizing the 14 (c) Certificate?

**Explain why individuals no longer require a high level of supervision and would benefit from being in a larger group size:**

**Explain how the requested group size will help prepare individuals for competitive employment:**

**SECTION 3**

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

**If requesting multiple groups of 8 at more than one Community Based Prevocational Services location, complete section 3 for each location.**

Effective date: \_\_\_\_\_ Community Based Prevocational Program Code: \_\_\_\_\_

Name and address of agency, business, organization or hub where Community Based Prevocational Services are provided:

Name:  Address:

Complete this weekly calendar to indicate the typical number of individuals with I/DD receiving HCBS services and the number of individuals without I/DD at this location.

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

**Check all that apply and describe how the worksite and/or activity meets the integration standards with examples provided in the space below.**

Interacts and takes direction from a supervisor that does not bill Medicaid.

Describe: \_\_\_\_\_

Interacts with coworkers without I/DD.

Describe: \_\_\_\_\_

Is learning job-related skills alongside individuals without I/DD.

Describe: \_\_\_\_\_

Meets/greets/serves customers from the broader community.

Describe: \_\_\_\_\_

Attends trainings with coworkers without I/DD.

Describe: \_\_\_\_\_

Has access to break/lunch facilities, the same as coworkers without I/DD.

Describe: \_\_\_\_\_

Has access to public/community transportation options in the broader community.

Describe: \_\_\_\_\_

Has access to meaningful community integration opportunities in the broader community.

Describe: \_\_\_\_\_

Attends staff meetings and company activities/events with coworkers without I/DD.

Describe: \_\_\_\_\_

Has access to job resources, workplace materials, paychecks, etc. the same as coworkers without I/DD.

Describe: \_\_\_\_\_

Has other opportunities outside of an agency site to interact with the members of the general public.

Describe: \_\_\_\_\_

**SECTION 4**

**REQUEST TO PROVIDE PREVOCATIONAL SERVICES IN A LARGER GROUP OR MULTIPLE GROUPS ATTACHED ROSTER**

	<b>Individuals' Initials</b>	<b>TABS ID</b>	<b>Weekly Prevocational Services Schedule</b>	<b>Other service(s) Utilized by Individual</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

	<b>Individuals' Initials</b>	<b>TABS ID</b>	<b>Weekly Prevocational Services Schedule</b>	<b>Other service(s) Utilized by Individual</b>
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				

**SECTION 5**

**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](mailto: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 ten (10) years if approval is granted.***

**Please note: Authorized enrollments in Prevocational Services that occur after the effective date of this approval will be covered until the date of expiration.**