

5123:2-9-16

APPENDIX

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**NON-AVAILABILITY OF FUNDING
FROM OHIO REHABILITATION SERVICES COMMISSION (ORSC)
FOR SUPPORTED EMPLOYMENT SERVICES**

Name of individual requesting services from ORSC (BVR/BSVI): _____

Identifying #: _____ Date of birth: _____

Address: _____

Person assisting with referral: _____

Phone: _____ Agency: _____

E-Mail: _____

Referred to (specify ORSC office): _____

Signature of individual requesting services: _____ Date: _____

**Documentation of Non-Availability of Funding
From Ohio Rehabilitation Services Commission (ORSC)**

In order to access Supported Employment services available through the Medicaid Home and Community-Based Services waivers administered by the Ohio Department of Mental Retardation and Developmental Disabilities, ORSC must verify that funding for these services is not available from the State Vocational Rehabilitation Program.

Please check the following reason(s) why funds will no longer be available or are not currently available for this individual. If, however, this is an acceptable referral, please accept the attached referral form.

The individual has been successfully employed and his/her case will be closed by the ORSC because all time-limited services have been provided and it is necessary to transition to ongoing support provided by other service providers.

The individual is working at his/her maximum or desired level and does not require ORSC services at this time.

ORSC cannot begin the application process within six weeks and delaying services will be detrimental to the individual's desired employment outcome.

ORSC Counselor (signature required)_____
Date

Please complete this form and return a copy to the following address:

[Address to be completed by originating county board of MRDD.]