

Support & Training for Employing People Successfully (STEPS) Referral Form – Print and Fill

Sections and questions marked with an asterisk (*) must be completed to the best of your ability.

Please use a separate piece of paper, if necessary, to fully answer any question(s).

***Section A: Personal Information**

Name: _____ DOB: _____ Primary phone #: _____

Medicaid #: _____ MCO: _____ SSN (last 4): _____

Address: _____ City, State: _____ Zip code: _____

Email: _____ Alternate contact #: _____

Check here if the mailing address is the same as the street address

Mailing Address: _____ City, State: _____ Zip code: _____

Other Health Insurance (if applicable): _____

Guardian / Representative _____ Guard/Rep Phone #: _____

Email: _____ Relationship to participant: _____

Check here if the Guardian/Representative street or mailing address is the same as the participant address

Guard/Rep address: _____ City, State: _____ Zip code: _____

***Does the person know they are being referred to the STEPS program? Yes No**

As STEPS is a person-centered program, the person being referred (and/or their guardian) must be involved in the referral process.

Section B: Employment

*Are you currently working? Yes No

*Do you want to find a job? Yes No

Have you worked in the past? Yes No

Do you know what type of job you may be interested in? Yes No

*Are there any concerns about self-preservation skills and/or otherwise maintaining safety at work? Yes No

Explain:

*If so, could these be improved with training? Yes No

Are you ready to enroll in the program to find and keep a job? Yes No

*Are you getting any employment services now (do not include VR)? Yes No

*If so, who are those services from?

Have you had employment services in the past? Yes No

If so, who were those from (e.g., Voc Rehab, school, employment center, etc.)?

*Are you currently receiving any services from Vocational Rehabilitation (VR)? Yes No

If so, what services are being provided?

♦ STEPS will need a release of information to talk to VR. Please contact Mary Corbett at Mary.Corbett@ks.gov or 785-368-7112 ASAP to complete the release, then contact STEPS once the release is complete. ♦

Section B: Employment (continued)

*Is transportation a barrier to employment? Yes No

*Do you have an unrestricted driver's license? Yes No

List any other barriers you know of that you want to overcome to find a job.

Section C: Eligibility

*Do you have a disability determination from Social Security (SSA)? Yes No

*What is the condition that qualified you for disability?

Use this space to write in the disability ->

*Do you have a behavioral health diagnosis? Yes No

- *If so, which**
- | | | |
|--|--|--|
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bipolar/major depression | <input type="checkbox"/> Psychosis NOS |
| <input type="checkbox"/> Delusional disorders | <input type="checkbox"/> Obsessive-Compulsive Disorder | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Substance Use Disorder (SUD)/co-occurring SUD | <input type="checkbox"/> Personality Disorders | |

*Are you getting any services from a Community Mental Health Center? Yes No

*Are you on an HCBS waiver or waitlist? Yes No

- *If so, which one?** BI Waiver IDD Waiver IDD Waitlist PD Waiver PD Waitlist

Section D: Service History and Mini-Assessment

*Do you need help with personal care needs, like bathing, dressing, eating, etc. (includes prompting)? Yes No

♦ **Participants with only a behavioral health condition will need to meet functional criteria in order to be eligible for PAS** ♦

Do you have a current person-centered support plan or have you had one in the past? Yes No

Do you have any employment goals listed in your support plan? Yes No

*Do you currently have any kind of case manager? Yes No

***If so, what is their contact information?** (Agency, Name, phone and/or email)

Is this the person who referred you to STEPS? Yes No

If not, who referred you and what is their contact information? (Agency, Name, phone and/or email)

Section E: Public Benefits

*What cash benefit(s) do you get from Social Security? SSI? \$ SSDI? \$ Other? \$

*Do you have resources greater than \$15,000 (e.g., retirement plans, burial plans, land, rental property, etc.) Yes No

Do you get any VA cash benefits? Yes No

Do you get any other unearned income? Yes No

Do you get SNAP? (Food stamps) Yes No

Do you apply for Low Income Energy Assistance Program (LIEAP) each year? Yes No

Do you live in subsidized housing? (Section 8, Housing Authority, etc.) Yes No

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Section E: Public Benefits (continued)

- *Do you worry about being able to pay your bills? Yes No
- *Do you have any current legal problems? Yes No
- *If so, what are they? (select all that apply) On probation On parole Has arrest(s)

Section F: Wrap-up

Have you received any other types of supports or is there any other information that you would like to provide? Yes No

Please provide any additional information:

Form completed by: _____ Date: _____
Name and role

!! For STEPS Program Manager Use Only (Do not write in this box) !!		
Meets program criteria: <input type="checkbox"/> Behavioral Health <input type="checkbox"/> HCBS waiver/waitlist <input type="checkbox"/> SSDI (or Title II) <input type="checkbox"/> SSI (or Title 19)		
Areas to Assess	Provisional Service Plan Info	Other Notes
<input type="checkbox"/> Pre-Voc Skills <input type="checkbox"/> PAS <input type="checkbox"/> Independent Living Skills • <input type="checkbox"/> Enhanced Services <input type="checkbox"/> Transportation • <input type="checkbox"/> Home Delivered Meals • <input type="checkbox"/> PERS • <input type="checkbox"/> Medication Management System *MCO Assessors: Please use this as a guide for what to cover in the initial STEPS Services Assessment	Identified a CSC? <input type="checkbox"/> Yes <input type="checkbox"/> No CSC Contact info Agency: _____ Name: _____ Phone/email: _____ If no CSC, the MCO should assist the participant to locate a CSC. A list of approved providers can be found on the STEPS website: https://www.kancare.ks.gov/providers/programs/working-healthy/steps-providers	