

DDDS

&

Pathways To Employment

INFORMATION SESSION

What Is DDDS?

- DDDS stands for Division of Developmental Disabilities Services.
- DDDS provides services and supports for an individual with an intellectual developmental disability, Autism Spectrum Disorder or Prader-Willi syndrome, who have significant limitations in adaptive functioning.
- Services are designed to help the individual transition from school to adulthood and to allow the individual to live as independently as possible.

THE PROCESS

1. APPLICATION + SUPPORTING DOCUMENTS

- A completed application must be submitted, along with copies of the following supporting documents: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, ID, INSURANCE CARD, PSYCHOLOGICAL EVALUATION, IEP AND GUARDIANSHIP PAPERS (IF APPLICABLE)

2. APPLICANT SERVICES

- Completed applications are sent to applicant services, where they are processed for eligibility. This may take up to 8 weeks.
- The Office of Applicant services is located at the Woodbrook Professional Center, 1052 South Governor's Ave., Suite 101, Dover, DE 19904 and can be contacted via phone at 302-744-9700 or 866-522-5758, option 2

3. MAILED RESPONSE

TYPES OF SERVICES

Case Management

- Supports the individual living with their families to keep the family together as long as possible.
- Services are individualized and vary according to needs.
- Individuals are supported by a **COMMUNITY NAVIGATOR**

Respite Services

- Designed to give the caretakers a break!

Supported Employment

- Provides assistance to individuals who want to work but may need help finding a suitable job.
- Individuals must exhaust benefits to which they are entitled through DVR before they can receive Supported Employment through DDDS.

Clinical Consultation

- Behavioral Consultation
- Nursing Consultation

TYPES OF SERVICES

Pre-Vocational Services

- **Helps the individual to develop general, non-job-task-specific strengths and skills (soft skills) that contribute to employability.**
- **Individuals must have an identified employment goal.**
- **Serves as a prerequisite to receive Supported Employment.**

Day Habilitation

- **Assist individuals to increase their level of independence with adaptive skills, socialization, activities of community living or daily living.**

Supported Living

- **Can provide up to 40hrs/wk of personal care to an individual in their own home.**

Residential Services

- **Designed to assist individuals in acquiring skills related to ADLs, which are necessary to live in the community**
- **Types of residential services: Neighborhood Group Homes, Community Living Arrangement and Shared Living**



PATHWAYS
TO EMPLOYMENT

WHAT IS PATHWAYS TO EMPLOYMENT?

Medicaid program that promotes employment among teens and young adults with disabilities in Delaware.

Serves individuals with intellectual disabilities, autism spectrum disorders, visual impairments, or physical disabilities who meet specified functional criteria.

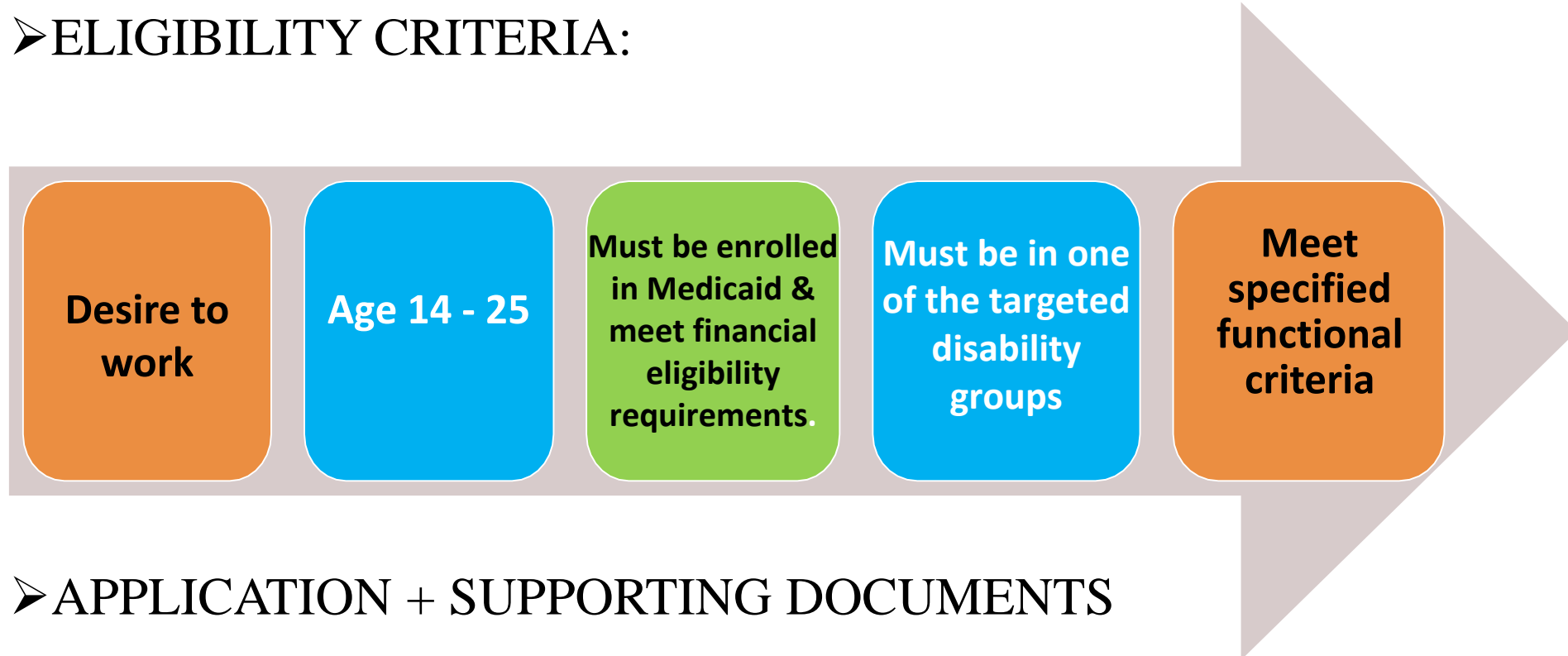
Provides services and supports to help participants get ready for work, find jobs, and succeed in the workplace.

IS PATHWAYS FOR YOU?

- **PTE ONLY DEALS WITH EMPLOYMENT!!**
 - Pathways can help motivated individuals seek employment.
- **Goal:**
 - **TO PROVIDE SUPPORTIVE SERVICES THAT MAY HELP TO BREAK DOWN JOB BARRIERS BY PROVIDING A CLEAR PATH TO EMPLOYMENT.**
- **Pathways assists individuals diagnosed with:**
 - Intellectual Disability or Autism Spectrum Disorder
 - Visual Impairment
 - Physical Disability

THE PROCESS

➤ ELIGIBILITY CRITERIA:



➤ APPLICATION + SUPPORTING DOCUMENTS



Pathways to Employment Program Application

Date: _____ Referred By: _____

First Name, Middle Name, Last Name, Suffix: _____

Parent/Legal Guardian (if applicable): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Race: Asian Alaskan Hawaiian Pacific Islander
Caucasian/White Native/American Indian African American/Black

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Are you currently receiving Medicaid? Yes No

Medicaid number: _____

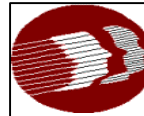
Would you like to apply for the Pathways to Employment Program? Yes No

Applicant Signature: _____ Date: _____

Parent/Legal Guardian
Signature (if applicable): _____ Date: _____

Office Use Only:

Employment Navigator: _____ Division: **DDDS** **DVI** **DSAAPD**



Division of Developmental Disabilities Services Authorization to Release Information - Pathways to Employment Office of Day/Transition Services

Applicant: _____ D.O.B. _____ SS#: _____

I, _____ (Applicant/Guardian/Parent) hereby authorize The Division of Developmental Disabilities Services, Day/Transition Services (DDDS), at 2540 Wrangle Hill Rd. Bear, DE 19701 or fax number (302) 836-2642; to request information from other provider agencies. My initials in the "yes" space indicates I would like DDDS to contact this agency to receive information. Items without my initials indicate that I DO NOT authorize DDDS to contact the agency for information.

A. I. DuPont Hospital for Children	Yes ___ No ___	Division of Family Services	Yes ___ No ___
Child Development Watch	Yes ___ No ___	MeadowWood Hospital	Yes ___ No ___
Division of Child Mental Health	Yes ___ No ___	Rockford Center	Yes ___ No ___
Division of Adult Mental Health	Yes ___ No ___	Terry Children's Psychiatric Center	Yes ___ No ___
Division of Vocational Rehabilitation	Yes ___ No ___	School:	Yes ___ No ___
Delaware Autistic Program	Yes ___ No ___	Contracted Provider:	Yes ___ No ___
Delaware Psychiatric Center	Yes ___ No ___	Other:	Yes ___ No ___

This release of information is for the purpose of determining an applicant's eligibility for DDDS services and to assist in planning for services. My initials indicate I would like DDDS to receive this information to determine my eligibility. Items without my initials indicate that I DO NOT authorize DDDS to receive this information

The information to be released includes:

Social History _____ Behavioral History _____ Medical Evaluations _____
Psychiatric History _____ Psychological Testing _____ Consultation Documentation _____
Discharge Summaries _____ Other (Specify) _____
Other (Specify) _____

I understand that this authorization is valid for one (1) year from the date signed, and that I may revoke this authorization by written communication to the Director of Day/Transition Services at the Woodbrook Professional Center, 1056 South Governor's Avenue, Suite 101, Dover, DE 19904.

I understand that if I can receive services that I am eligible for regardless of whether or not I sign this consent.

Disclosure of specific information authorized for release is limited to the above-mentioned applicant only.

Applicant Signature (if over age 18)/Guardian **Date** _____

Parent/Guardian/Legally Authorized Person **Date** _____
Relationship to Applicant

This Authorization must be signed by the applicant (if over the age of 18) or his/her court appointed guardian/legally authorized person. In the case of a minor, a parent or court appointed custodian must sign this Authorization.

TYPES OF SERVICES OFFERED

Employment Navigator

- Provides person-centered service planning to meet employment needs.

Career Exploration & Assessment

- Helps the participant to identify a career path; helps the participant move towards their employment goals.

Transportation

- Non-medical transportation service for participants who have no other means to get to work.

Personal Care

- Assists participants with ADLs.

Supported Employment

- One-on-one supports to help a participant to get and to maintain employment.

Financial & Benefit Coaching

- Money management services.

Orientation, Mobility, Assistive Technology

- One-on-one training to help with the development of skills needed to travel independently and safely

Presentation – Last Page

