

Employment and Community First CHOICES Employment Provider Incentive Application

Provider information		
Provider name:		
Provider ID number:		
Date of request:		
Incentive information		
Type of incentive applying for:	Choose all that apply:	Amount requested:
Training	<input type="checkbox"/> ACRE	
	<input type="checkbox"/> Self-employment	
	<input type="checkbox"/> Other	
Mini grant	<input type="checkbox"/> Technology	
	<input type="checkbox"/> Self-employment	
	<input type="checkbox"/> Peer-support	
	<input type="checkbox"/> Workforce development	
	<input type="checkbox"/> Other	
Employment incentive	<input type="checkbox"/> Job placement under 20 hours per week	
	<input type="checkbox"/> Job placement over 19 hours per week	
	<input type="checkbox"/> Retention of job over six months	

<https://provider.amerigroup.com>

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at **tn.gov/tenncare/members-applicants/civil-rights-compliance.html**.

Please provide more information on the specific incentive you are applying for below.

Training

Please provide the following information:

- Training provider.
- Name of training.
- Website.
- Breakdown of costs.
- How many staff will be trained.
- How this will benefit your organization to serve more people or help increase employment for the people you serve.

Mini grants

Please provide your project idea including:

- How many people will benefit.
- How this will help increase employment for people with disabilities.
- Who you will partner with in the community.
- Why this idea is unique.
- How you plan to sustain these efforts.
- A budget breakdown.

Employment incentive

Please provide the following information:

- Initials of the person you helped to obtain a job. If the person is funded by Employment and Community First CHOICES (ECF CHOICES) and an Amerigroup Community Care member, provide their full name and member ID.
- How many hours they are working per week.
- Name of their employer.
- Start date of employment.
- The funding source you used to assist this person (ECF CHOICES, DIDD, VR, etc.).
- If possible and the person agrees to it, please include a copy of a recent paystub to prove hours worked per week and length of time on the job.