Amerigroup

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	☐ ACRE	
	☐ Self-employment	
	☐ Other	
Mini grant	☐ Technology	
	☐ Self-employment	
	☐ Peer-support	
	☐ Workforce development	
	☐ Other	
Employment incentive	☐ Job placement under 20 hours per week	
	☐ Job placement over 19 hours per week	
	☐ Retention of job over six months	

https://provider.amerigroup.com

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.