

Employment and Community First CHOICES Exploration Service Report Template

1. Member information
Member name:
Member identification number:
2. Exploration provider information
Provider name:
Provider identification number:
Exploration facilitator name: If more than one person, list all names.
Lead exploration facilitator cellphone:
Email:
Date authorization for exploration service received:

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

3. Background information	
Complete this as one of the first exploration activities and use it to inform the remainder of the exploration process.	
A. Who helps the member consider options and make decisions about what goals to pursue? (In other words, who must be supportive of the member choosing to pursue integrated work in order for the goal of integrated work to be achieved?)	
Key people to educate and engage during exploration service:	Name(s) and contact information:
Legally appointed conservator or guardian:	
Designated representative to assist with Medicaid-related decisions:	
Family members who are very involved with member:	1.
	2.
	3.
	4.
Friends who are very involved with member:	1.
	2.
	3.
	4.

B. Member's current situation	
Current weekday activities and schedule:	
Current weekend activities and schedule:	
Prior experience with paid work or work experience/ sampling: (Include dates/duration for each prior experience.)	
Volunteering history/ experience: (Include dates/duration for each prior experience.)	

Member's current situation: (continued)				
<p>Chores consistently done: (For family, friends, neighbors, etc.)</p>				
<p>Strong interests, skills, talents and hobbies: (To build on during exploration service.)</p>	<p>Strong interests:</p>	<p>Skills:</p>	<p>Talents:</p>	<p>Hobbies:</p>
<p>Current benefits received:</p>				

4. Exploration service log

Date service started:

Date service completed:

Complete a separate line for each job development plan service activity:

Date of service:	Activity and location:	Time spent completing activity: (In quarter hours, including travel time with person)	Staff travel time associated with activity: (In quarter hours, without person)	Staff miles driven: (During travel with and without the person)

5. Views about the value of individualized, integrated employment and self-employment		
Key people to engage during exploration service:	Positive views about individualized, integrated employment and self-employment upon first meeting: (List all)	Positive views about individualized, integrated employment and self-employment upon completion of exploration service: (List all)
Member:		
Legally appointed conservator or guardian:		
Designated representative to assist with Medicaid-related decisions:		

Views about the value of individualized, integrated employment and self-employment (continued)		
Key people to engage during exploration service:	Positive views about individualized, integrated employment and self-employment upon first meeting: (List all)	Positive views about individualized, integrated employment and self-employment upon completion of exploration service: (List all)
Family members who are very involved with member:		
Friends who are very involved with member:		

6. Addressing the need for accurate or additional information to ease concerns and hesitations		
Key people to engage during exploration service:	Describe identified needs for more information and/or correction of misinformation to address concerns and/or hesitations related to employment:	Describe how each identified need listed in the previous column was addressed through the exploration service:
Member:		
Legally appointed conservator or guardian:		
Designated representative to assist with Medicaid-related decisions:		

Addressing the need for accurate or additional information to ease concerns and hesitations (continued)		
Key people to engage during exploration service:	Describe identified needs for more information and/or correction of misinformation to address concerns and/or hesitations related to employment:	Describe how each identified need listed in the previous column was addressed through the exploration service:
Family members who are very involved with member:		
Friends who are very involved with member:		

7. First-hand and hands-on experiences offered

List all first-hand or hands-on experiences member participated in during exploration process.

Member's identified interests and skills:	Describe experiences the member observed or participated in during integrated/supported employment in the exploration service:	Describe member's reaction (positive, neutral or negative): If positive or negative reaction, note why. If member demonstrated specific skills during the experience, note these.

8. Summary data on exploration service			
Question:	Yes:	No:	Comments:
Did the member and key allies receive basic work incentives information?			
Was information on how to get additional assistance with work incentives and benefits questions provided?			
Did the member and key allies receive basic information on supported employment and how the service works?			
Did the member receive an opportunity to meet and observe a peer successfully working in individualized, supported employment?			
Did the member's allies receive an opportunity to talk with a parent, guardian or conservator of someone with a disability successfully working in individualized, supported employment?			
Did the member and key allies receive basic information and education on vocational rehabilitation (VR) services?			
Was information on how and when to apply for VR services provided? If needed, was assistance offered with applying for VR services?			

9. Outcomes of exploration service			
Question:	Yes:	No:	If yes, are there any non-negotiables to keep in mind? If no, what are primary reasons why? (A “non-negotiable” is a condition that must be met if the member pursues individualized, integrated employment.)
Is the member open to pursuing individualized, integrated employment or self-employment?			
Is the conservator or guardian (if applicable) open to the member pursuing individualized, integrated employment or self-employment?			
Are other critical allies in the member’s life open to the member pursuing individualized, integrated employment or self-employment?			

10. Next steps

What are the recommended next steps for this member?

1.

2.

3.

4.

5.

Other notes and/or recommendations related to next steps:

Date submitted to Amerigroup Community Care:
Name of exploration facilitator who authored this report:
Signature of exploration facilitator who authored this report:
Report received by (Name):
Report reviewed for adequacy and approved by (Name):
Date report approved: