

Employment and Community First CHOICES (ECF CHOICES) Self-Employment Plan Template

This form is for individuals with a goal of self-employment. Do not use this template for individuals with a goal of wage employment.

1. Member information
Member name:
Member identification number:
2. Provider information
Provider name:
Provider identification number:
Self-employment facilitator name:
Self-employment facilitator cellphone:
Email:
Date authorization for self-employment plan received:
This self-employment plan should be informed by reports from any recently delivered individual integrated employment services (e.g., exploration, discovery, benefits counseling, situational observation and assessment, school-provided services, and vocational rehabilitation-provided services).

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. Who in the member's life can help with creating this self-employment plan? Who in the member's life can share their personal knowledge/connections to assist the member to achieve self-employment?	
Key people to engage:	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.
Other members of the community:	1.
	2.
	3.
	4.
Other colleagues or allies of the self-employment facilitator:	1.
	2.
	3.
	4.

4. Employment goal(s) (“Appropriate” means fitting given the member’s interests and skills/abilities)		
Member’s strong interests applicable to self-employment: (List up to five)	Member’s most marketable skills and abilities related to each strong interest: (List all)	Appropriate products and/or services (related to each strong interest) that the member could sell: (List all)
1.		
2.		
3.		
4.		
5.		
In order to ensure self-employment effort is focused enough to produce a successful outcome, list a maximum of five strong interests.		

5. Self-employment plan service log				
Date service started:				
Date service completed:				
Complete a separate line for each self-employment 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)

6. Self-employment/small business viability considerations			
Questions:	Answers:		
What specific product(s) and/or service(s) is the member planning to sell?			
Who are the potential customers? Are they currently purchasing product(s) and/or service(s) from a competitor? If yes, who are the competitors?	Describe potential customers:	Currently purchasing from competitor?	Who are competitors?
How do you know there is sufficient demand in the local area for member to sell these product(s) and/or service(s)?	Why will customers switch from competitors to buying from the member?	How do you know competitors are not fully meeting current local demand?	
How will the product(s) and/or service(s) be advertised or marketed to potential customers? What is the projected annual cost in the first three years for each method to be used?			

Self-employment/small business viability considerations (cont.)	
<p>If product(s), how and where will they be produced? How will customer get them?</p>	
<p>If service(s), how and where will they be provided?</p>	
<p>List any licenses, permits, certifications, bonding that is necessary to sell these product(s) and/or service(s):</p>	
<p>What up-front investment would be needed to launch the self-employment venture? (List all costs)</p>	

Self-employment/small business viability considerations (cont.)	
How will the up-front investment be covered, given ECF CHOICES can only pay for supports necessary due to disability?	
What is the cost to produce the product(s) and/or service(s) the member will sell? Include fixed costs, nonfixed costs and member labor costs (member wage must be at least minimum wage).	
What price(s) does the member plan to charge for the product(s) and/or service(s) the member will sell? How do you know the price is competitive in the local area?	
How many units of the product and/or hours of the service must the member sell to: <ul style="list-style-type: none"> • Break even? • Generate 20% profit? 	

7. Essential conditions and preferences for the member's self-employment success		
Type of condition:	Essential conditions necessary for success of the member:	Preferences: (Desired, but not essential)
Work schedule: (Hours, days and times of day)		
Work location/distance from home:		
Physical accessibility:		
Type of work environment:		
Business partner/ employee traits:		
Reasonable accommodations:		
Customer flexibility/ expectations:		
Personal care-related conditions:		
Self-employment coach traits/training:		
Other types of conditions:		

8. Implementing the self-employment plan		
Next steps for pursuing self-employment:	Those involved?	Target date for completing the step:

Implementing the self-employment plan (cont.)
Other notes and/or recommendations related to next steps:
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Date submitted to Amerigroup Community Care:
Name of self-employment facilitator who authored this report:
Signature of self-employment facilitator who authored this report:
Report received by: (Name)
Report reviewed for adequacy and approved by: (Name)
Date report approved: