SAMPLE SESG LANGUAGE FOR RECRUITMENT – TO BE INCLUDED IN STATE AGENCY JOB ANNOUNCEMENTS FOR SESG POSITIONS

Introductory Statement on the Recruitment

There is a permanent, full-time/part-time position available with (name of state agency/ program) at (location).

This position is within the Supported Employment in State Government (SESG) Program, per the requirements of RCW 41.04.770. Applicants must be eligible for the SESG Program and also meet the qualifications for this position.

To be eligible for the SESG Program you must:

1. Have a developmental disability as defined in RCW 71A.10.020; or

    Another type of significant disability that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome, including amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined to cause comparable substantial functional limitation;

2. Require supported employment on the job training and long term support to satisfactorily perform job duties; AND

3. Have a reliable source of long term support.

If you are selected for an employment interview and you require the assistance of your Long Term Support they must be available to join you in-person or by telephone for the interview to discuss how they will support you in this job.

If you are selected for the SESG position the employer will verify that you meet the criteria for the SESG Program and have a dependable source of long term employment. The employer may ask you for additional documentation to prove your SESG eligibility such as a written statement from a Doctor, Physician's Assistant or Therapist, records from a School Counselor or Vocational Rehabilitation Agency or a similar program with relevant records. Written statements from family members, friends, or former employers/co-workers will not be accepted.

An employee who is hired and then ceases to meet all of the SESG Program eligibility criteria will be terminated from this position.

<u>Supplemental Information Requested on the Recruitment</u>

I.   I have one or more of the following disabilities: ___ YES   ___ NO

A developmental disability as defined in RCW 71A.10.020; or

Another type of significant disability that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome, including amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined to cause comparable substantial functional limitation.

If you checked YES, and are selected for the position the employer will verify that you meet SESG program eligibility. The employer may ask you for additional documentation to prove your SESG eligibility. The employer may ask you for medical, psychological, or other documentation that shows you have one or more of the above disabilities. This may include documents like a written statement from a Doctor, Physician's Assistant or Therapist, records from a School Counselor or Vocational Rehabilitation Agency, or records from a similar program that identifies your disability. Written statements from family members, friends, or former employers/co-workers will not be accepted.

II.   I require Supported Employment on the job training and long term support (either at or away from the workplace) to satisfactorily perform job duties:
         ___ YES   ___ NO

If you checked YES, please answer each of the following questions: (attach additional sheets if necessary)

A. Have you had a "Supported Employment" job in the past?
     ___ YES   ___ NO

B. If YES, what type of "long term support" did you receive? Please describe the type of long term support you received and whether it was provided to you at your job or away from the workplace (for example, you had a Job

Coach or "Natural Supports" at your job, or you had a Therapist or Certified Peer Counselor away from the workplace).

C. Based on the duties listed in the job announcement, what type of "long term support" do you think you will need to perform this job? Please describe the long term support you think you will need.

III.   If I am offered this job, I will provide a dependable, ongoing source of "long term support." ___ YES ___ NO

If you checked YES, please identify who will pay for and provide your long term support?

☐ I will pay for my long term support

☐ I will use a Social Security Work Incentive to pay for my long term support

☐ A Developmental Disabilities Employment Provider will provide my long term support

☐ A Behavioral Health Provider will provide my long term support

☐ A Foundational Community Supports Provider will provide my long term support.

☐ A Certified Peer Counselor will provide my long term support

☐ Natural Supports will provide my long term support

☐ Another source will provide my long term support, specify:

You must provide contact information for the person who will provide your long term support:

Name:
Agency (if any):
Address:
Telephone Number:
Email Address:

A. Will your long term support be provided at the job or away from the workplace?

B. How do you know your long term support will be dependable and ongoing? (attach additional sheets if necessary)

IV.   Statement of Understanding

Please read the following statements and check the box to verify that you understand and agree.

Check the box:

☐ I understand that to qualify for a SESG position it is my responsibility to obtain and maintain a dependable, ongoing source of long term support. I further understand that my employer will not be responsible to pay for or arrange any aspect of the long term support that I will require for this job.

AND

Check one box:

☐ I require assistance from my long term support at the interview. I authorize the Long Term Support identified in this document to participate in the interviewing process and disclose to the hiring agency or their designee any information about the form, frequency and scope of employment support that I will receive from them for the purposes of determining my eligibility for this SESG position.

OR

☐ I do not require assistance from my long term support at the interview. After the interview, if I am the selected candidate for the SESG position as part of the hiring process, I agree to provide the employer with my written long term support plan that has been mutually agreed upon with my long term supports as to how they will be assisting me with maintaining this job. The plan will include contact information regarding who the employer and/or the candidate can contact should there be any questions or need for support with the plan during the SESG selection process and if the applicant is selected for the position, for the length of the SESG employee's employment. The long term support plan (plan is kept on file with supervisor and a copy is given to the employee) continues to be a resource to the agency and the employee for the length of the SESG employee's employment and is used for annual verification for SESG continued eligibility.

AND

Check the box:

☐ All of the information that I have provided within this document is truthful and accurate.