



State of Utah
Department of Workforce Services
CONFIRMATION OF EXTENDED SERVICES FUNDING

To be completed by the Extended Services (ES) representative. This form confirms that this individual has funding available for long term support once the individual reaches 20 percent or less coaching intervention OR 24 months on the job.

CLIENT INFORMATION

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Anticipated Extended Services Provider:

- DSPD
- DSAMH
- Natural Supports
- TTW
- Private Pay

**SECTION 1: To Be Completed for clients eligible for DSPD supports:
Division of Services for People with Disabilities (DSPD) Information (if applicable)**

Status with DSPD:

- Waitlist (Support Work Independence Funds)
- Waiver (Medicaid Funds)
- Applicant with DSPD
- Not eligible for support with DSPD

Note: Waitlist clients have a SWI worker assigned while the Waiver clients have a Support Coordinator assigned.

Reported DSPD Functional Limitations (Check all that apply):

- Activities of Daily Life
- Capacity for Independent Living
- Communication
- Control of Emotion
- Economic Self-Sufficiency
- Employment
- Judgment and Self Protection
- Learning
- Memory or Cognition
- Mobility
- Physical Health
- Receptive and Expressive Language
- Self-Care
- Self-Direction

Services receiving from DSPD (For description of services go to www.dspd.utah.gov)

Check all that apply:

- Behavioral
- Day Program
- Supported Employment
- Transportation
- Facility-Based Work (sheltered workshop-client is receiving sub-minimum wages)
- In Home. If yes, provider info: _____
 - Respite
 - Family Support
 - Supported Living
 - After School
- Residential. If yes, residential info: _____
 - 24 hour Residential
 - Professional Parent
 - Supported Living
- Other: Specify: _____

