SELF-DIRECTED SUPPORTS ASSESSMENT FOR SUPPORT BROKER

Individual Receiving Services:_____ **Designated Representative** *(If applicable)* :_____

A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Service Plan (ISP). The Support Broker <u>does not</u> do these tasks for the individual/ designated representative, but provides information and assistance in order for the individuals/DR to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'Independence' and for individuals and families to have the support they need in order to self-direct services. This assessment will assist in determining what supports are needed in order for the individual/designated representative to be successful in self-directing supports.

Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports

	No Support needed	Details regarding the type of support needed:
Recruiting workers		
Hiring workers		
Managing workers		
Terminating workers		
Managing and approving timesheets		
Organization/ maintaining documents		
Problem solving		
Conflict resolution		
Filing grievances and complaints		
Establishing work schedules		
Understanding documentation requirements		
Assisting with monthly summaries/reviews		
Managing budget & Employee Rate Setting		
Seeking supports or resources		
Define goals, needs and preferences		
Development of Emergency Back-up Plan		
Creating Employee training		
Understanding the Role of Employer/DR, SC, FMS and RO		

Goals/Outcomes and Objectives for Support Broker

SB Service must have at least one Personal Outcome identified

Provide Practical Skills Training to Assist the Employer in Manage Services and Supports (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution, filing grievances and complaints)**:** □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Provide Assistance with Establishing Work Schedules: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Provide Assistance in Managing Budget <mark>and Employee Rate Setting</mark> Authorization: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Provide Assistance in Seeking Supports or Resources: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Provide Assistance to define goals, needs and preferences: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month.

Provide Assistance in the development of an Emergency Back-up Plan: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Assist Individual/ Designated Representative with employee training: □ No Support Needed □ Area of Personal Outcome, Implementation Plan written by SB required
□ Time limited support _____ hours per year;   □ Ongoing support: _____ hour per month

Total Ongoing Support: _____ hour per month;   Total Time Limited Support _____ hours per year.
Frequency of Need: Typical work schedule, not exceeding authorized hours

Support Coordinator:_____ **Date:**_____