

**PARTICIPATING EMPLOYEE INFORMATION**

**Instructions for completing this form***:*

Nonprofit agencies (NPAs) participating in the U.S. AbilityOne Program must complete this form each fiscal year with the involvement of the participating employee. For purposes of this form, a participating employee is an employee who is blind or has a significant disability, is working on a contract procured through the AbilityOne Program (Program) and is counted towards the mandated annual Direct Labor Hour ratio required for participation in the Program.

This form must be filled out and submitted electronically. The NPA must maintain the individually identifiable data for the employee in its own protected system for purposes of oversight by a Central Nonprofit Agency and/or the Commission, pursuant to the U.S. AbilityOne Commission Policy 51.400.

**PaperworkReduction Act** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated time for completing this form is 45 minutes.

Form Reference Number: Click here to enter text.

Note: The form reference number will be randomly generated by the NPA and submitted into the CNA’s electronic data base with the information on this form. The employee’s name associated with the form reference number and any medical documentation concerning the employee are maintained solely by the NPA. The CNA will receive such identifiable information regarding the employee during an oversight visit if this form is reviewed by the CNA. The Commission will receive such information if it does an audit of the CNA’s oversight visit or if it conducts an oversight visit itself.

Current Job Title: Click or tap here to enter text.

Current Job Location/Project: Click or tap here to enter text. NPA Name: Click or tap here to enter text.

1. In the most recent calendar year, what were the total W-2 wages of this employee? (See Box 1 of W-2)

Click or tap here to enter text.

N/A. Employee did not work at this NPA last calendar year.

1. What is the current hourly wage of this employee?

Click or tap here to enter text.

1. What type of disability/disabilities does this employee have? Check all that apply.

*For individuals who qualify for the Program on the basis of blindness, the inclusion of any additional disabilities is voluntary. For individuals qualifying for the Program on the basis of a significant disability, only the disability(ies) relied on to qualify them for the Program are required, and any additional disability disclosure is voluntary.*

Blind/Visual Impairment

Developmental Disability

Autism

Cerebral Palsy

Intellectual disability

Other: Click or tap here to enter text.

Hearing loss/Deaf

Mental Health Condition

Anxiety disorder

Bipolar disorder

Depression disorder

Post-traumatic stress disorder

Schizophrenia

Other Click or tap here to enter text.

Physical disability

Amputation

Muscular Dystrophy

Musculoskeletal

Spina bifida

Traumatic brain injury

Other Click or tap here to enter text.

1. What accommodations and/or job supports are being provided to this employee? Check all that apply. (For individuals who qualify for the Program on the basis of blindness, the inclusion of any additional supports or accommodations for disabilities other than blindness is voluntary. For individuals qualifying for the Program on the basis of a significant disability, only the accommodations or supports for the disability(ies) relied on to qualify them for the Program are required, and any additional disability supports/accommodations disclosure is voluntary.)

Adaptation to lighting in work environment/building

ASL Interpreter

Assistance with lifting

Assistive Technology

Assistance with problem solving/ decision making

Assistance with transitioning between tasks

Closed Captions

Enhanced training using task analysis, etc.

Ergonomic supports

Job Coach

Modified Task list

Modified Work Schedule

Noise Reduction

Person working remotely

Personal Assistant/Aide Services

Plain language documents

Positioned closer to restroom

Reader/Scribe

Modified qualitative or quantitative performance standards

Support for Mental Health Conditions

Transportation support

Quiet area/room

Other: Click or tap here to enter text.

Other: Click or tap here to enter text.

Other: Click or tap here to enter text.

1. Are any accommodations or job supports provided by a third party? If so, please specify the third party and the type of accommodation or job support below.

No accommodations or job support is being provided by a third party.

Yes.  **Please check all that apply:**

Vocational Rehabilitation (VR)

Medicaid

Veteran Affairs (VA)

Social Security Administration (SSA) Programs (e.g. Ticket to Work Program (TTW), Plan to Achieve Self Support (PASS), Impairment Related Work Expenses (IRWE))

School Districts or Systems

Other: Click or tap here to enter text.

**List the Accommodation(s) or Job Support(s) Provided (if more than one third party provided an accommodation or job support, identify the third party for each):**   
 Click or tap here to enter text.

None

1. Have any accommodations or job supports provided by the NPA to this employee been reimbursed by a third party? If so, please specify the third party and the type of accommodation or job support below.

No accommodations or job support is being reimbursed by a third party.

Yes. **Pease check all that apply:**

Vocational Rehabilitation (VR)

Medicaid

Veteran Affairs (VA)

Social Security Administration (SSA) Programs (e.g. TTW (Ticket to Work Program), Plan to Achieve Self Support (PASS), Impairment Related Work Expenses (IRWE))

School Districts or Systems

Other: Click or tap here to enter text.

**Accommodation or Job Support Provided (if more than one third party provided an accommodation or job support, identify the third party for each):**   
 Click or tap here to enter text.

None

1. Does this employee have an Employee Career Plan (ECP)?

No. **If no, check the “No” box and proceed to question 8.**

Yes. **If yes, answer questions (a.)-(f.) below, then proceed to question 9.**

a. Date of Employee Career Plan

Date: Click or tap to enter a date.

b. If developed prior to the current year, was the plan reviewed with the employee, updated and signed this year?

Yes

No

**If yes, when did that occur?**

Date: Click or tap to enter a date.

c. What career development activities were provided to this employee, over the past 12 months, pursuant to the employee’s ECP? Check all that apply.

Assistive technology training

Career exploration

Computer training

Disability disclosure training

Job skill development

Mock job interview

Orientation and mobility training

Resume Support

Training classes

Other: Click or tap here to enter text.

d.Did a third party support the development of the employee’s career planning, or the provision of career development activities for the employee, either directly or through reimbursement to the NPA? See options below.

Yes, directly supported by third party

No, not directly supported by third party

**If yes, directly supported by third party, check all third parties that apply and complete the text field below.**

Vocational Rehabilitation (VR)

Medicaid

Veteran Affairs (VA)

Social Security Administration (SSA) Programs (e.g. Ticket to Work Program (TTW), Plan to Achieve Self Support (PASS), Impairment Related Work Expenses (IRWE))

School Districts or Systems

Center for Independent Living

Other Community Group

Other: Click or tap here to enter text.

Activities Provided (if more than one third party provided support, identify the third party for each activity provided):

Click or tap here to enter text.

Yes, reimbursed supported by third party.

No, not reimbursed supported by third party.

**If yes, reimbursed by third party, check all third parties that apply and complete the text field below.**

Vocational Rehabilitation (VR)

Medicaid

Veteran Affairs (VA)

SSA Programs (e.g. Ticket to Work Program (TTW), Plan to Achieve Self Support (PASS), Impairment Related Work Expenses (IRWE))

School Districts or Systems

Center for Independent Living

Other Community Group

Other: Click or tap here to enter text.

1. Has this employee participated in any career development offered by the NPA or by a third party over the past year?

No, employee has not participated in any career development offered by the NPA or a third party in the past year. (proceed to question 9)

Yes. **Please check all that apply.**

Assistive technology training

Career exploration

Computer training

Disability disclosure training

Job skill development

Mock job interview

Orientation and mobility training

Resume Support

Training classes

Other: Click or tap here to enter text.

* 1. Did a third party support the career development either directly or through reimbursement to the NPA?

No other party supported the career development either directly or through reimbursement to the NPA

Yes, directly supported by third party, check all third parties that apply and complete the text field below.

Vocational Rehabilitation (VR)

Medicaid

Veteran Affairs (VA)

Social Security Administration (SSA) Programs (e.g. Ticket to Work Program (TTW), Plan to Achieve Self Support (PASS), Impairment Related Work Expenses (IRWE))

School Districts or Systems

Center for Independent Living

Other Community Group

Other: Click or tap here to enter text.

(if more than one party provided support, identify the party for each activity provided): Click or tap here to enter text.

1. Did this employee achieve employee career mobility last fiscal year?

Yes. Please select the type of mobility achieved.

1. **Within the NPA System**

Lateral Mobility - Labor position change utilizing different skills but not a promotion.

Upward Mobility - Promotion or labor position change resulting in increased wages or benefits.

Not Supervisory

Supervisory

☐ Demotion (Labor position change resulting in decreased wages or benefits)

1. **Outside the NPA System**

Employment into Federal/State/Local Government Agency

Employment into Federal/State/Local Contractor

Employment by For-Profit/Non-Profit Employer

Unknown

No. Please select from the following:

☐ Employee stated desire to remain in present position.

☐ Employee expressed concern regarding potential government benefit disqualification as a result of increased wages.

☐ Other

☐ Unknown -The employee has achieved mobility, but the NPA has no information about it.

If you wish to include an additional narrative explaining employee circumstances covered or not covered otherwise in this form, you may do so here:

Click or tap here to enter text.

**NPA Staff Completing Form**

Date: Click or tap here to enter text. Location/Program: Click or tap here to enter text.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_