

Disability Employment Initiative

Flexible Employment Fund Application Instructions

Applicants who are interested in applying for Flexible Employment Funds and **live in Penobscot, Piscataquis or Hancock counties** should send their application to:

Gwen LaPointe
Disability Resource Coordinator
Tri County CareerCenter
45 Oak Street, Suite 4
Bangor, Maine 04401
Toll free: 1-888-828-0567
Local: (207) 561-4095
Fax: (207) 561-4066
TTY: 1-800-498-6711
glapointe@emdc.org

Applicants who are interested in applying for Flexible Employment Funds and **live in Aroostook or Washington counties** should send their application to:

Kent DeMerchant
Disability Resource Coordinator
Presque Isle CareerCenter
66 Spruce Street
Presque Isle, Maine 04769
Toll free: 1-800-427-8736
Local: (207) 493-5780
TTY: 1-888-697-2877
Fax: (207) 493-2003
kdemerchant@nmdc.org

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Flexible Employment Fund Application

IRT Participation Required: *All individuals selected to receive funding from the Flexible Employment Fund (FEF) are required to participate in an Integrated Resource Team (IRT) meeting with a member of the referring agency*

Information and Referral Form – Applicant (duplicate copy should be kept by counselor)

Name: Male Female

Address:

City/Town, State, Zip Code: Age: DOB:

County: Aroostook Washington Hancock Penobscot Piscataquis

Contact Information: Phone: E-Mail:

Brief Statement of Need: (more space available on narrative page)

Employment Status:

Part time Full time Unemployed / in training Unemployed / Job seeking

Do you receive MaineCare or Medicare? Yes No Don't Know

Do you receive SSI / SSDI? Yes No Don't Know

Brief description of disability: Cognitive Mental/Emotional Hearing
 Physical Vision Multiple

Name of referring person/organization:

Phone/e-mail: **Date:**

Other support resources that should be explored/used by this individual to meet the stated need include (Applicant and/or counselor should check all that are appropriate):

- CareerCenter employment resources
- The SSA's PASS (Plan for Achieving Self-Support)
- The SSA's IWRE (Impairment Related Work Expenses) option
- Other:
- Other:

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Narrative: (Please use this space to add information related to the need or barriers)

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(Staff Only):

Date IRT Attended:

IRT Members Attended

Recommendations:

Approved:

No

Yes

Reason not approved:

Amount approved: \$

Check Number:

Vendor Name / Address:

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Employment Outcome:

Staff Signature:

Date:

DEI Representative