

DISABILITY SERVICES (DSD)

Employment Mentor Inquiry Form

TODAY'S DATE

Lead agency employment mentors should use this form they have questions about the new package of employment services for people with disabilities. Use this form to submit all new employment services questions to the DSD Response Center or to the employment team at DHS.

Notes

- Do not include private/protected information about a person who receives services.
- To submit a completed form, select (or click on) the SUBMIT button at the end of this form. (NOTE: when you click submit, the completed form will be sent via email to the Employment First mailbox, DSD.EmploymentFirst@state.mn.us).
- Add/manage your attachments in your email, but list what you are attaching on the last page of this form.

Information about you

NAME	EMAIL	PHONE NUMBER
YOUR AGENCY		YOUR TITLE (E.G. SUPERVISOR, CASE MANAGER, ETC.)

Request information

PROGRAMS OR SERVICES THAT MAY APPLY		
Day training and habilitation services (DTH)	Employment development services	Employment exploration services
Employment support services	Prevocational services	Other _____
MANUAL REFERENCE(S) (CITE MANUAL/BULLETIN REFERENCES CONSULTED)		CASE NUMBER
What is your question?		
What is your tentative answer? (i.e., what you think the answer might be?)		

Do you have any SUPPORTING INFORMATION to add? (Remember: Do not to include private/protected information service recipients)

Attachments

If possible, attach example screenshots or documentation to your email. Strike through identifying details where applicable.

PLEASE DESCRIBE