ABI/Autism SE Supplemental Questionnaire

Please complete the following questions in support of your request for a Service Agreement to provide Supported Employment services to people with acquired brain injury and/or people with autism. **While this form is required, responses to these questions do not affect your agency's ability to secure a service agreement.**

1. Describe the targeted population(s) to be served and the organization's methodology for providing supported employment services to the targeted population, including how long-term supports will be provided.

2. Describe the geographic area(s) and communities to be served.

3. Describe your organizational qualifications for serving the targeted population(s), and those of key personnel (experience and expertise).

4. What methods will you use to assure ongoing staff competency and skill development in serving the targeted population(s)?

Signature: _____ Date: _____