**Template: Transition-Age Youth in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: AGENCY OVERVIEW**

**DEVELOPMENTAL DISABILITIES (DD) SERVICES/BROKERAGES**

**ELIGIBILITY REQUIREMENTS**

* Ability to establish intellectual disability before age 18 and developmental disability before age 22
* Be an Oregon Resident
* Recipient of Medicaid, SSI or SSDI (for a full range of services)
* Brokerages– serves individuals 18 years and older and are referred by DD through choice counseling

**SERVICES OFFERED**

* Case management, crisis intervention, protective service investigation and support, vocational services, residential services, comprehensive in-home supports, supported living, foster care
* Cannot duplicate school services
* May subcontract with community partners

**AGENCY CONTACT INFORMATION**

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**YOUR CONTACT NAME AND NUMBER:**

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**VOCATIONAL REHABILITATION**

**ELIGIBILITY REQUIREMENTS**

* Documentable physical or mental disability that impacts one’s ability to work
* Legal to work in the United States
* Disability is not Blindness or Deaf-Blindness (Commission for the Blind serves these individuals)

**SERVICES OFFERED**

* Finding and keeping a job that matches one’s skills, interests, and abilities (e.g. assessment, counseling, independent, living, assistive technology, training, job placement)
* Support is offered in pursuit of ongoing community-based competitive-wage employment options (not volunteer or sheltered work)
* May subcontract with community providers.

**AGENCY CONTACT INFORMATION**

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**SCHOOL DISTRICT TRANSITION SERVICES**

**ELIGIBILITY REQUIREMENTS**

* Student is on an Individual Education Plan (IEP)
* Student has received less than a standard diploma (modified, extended, alternative certificate, etc.)
* Student will turn 21 after the first day of the district’s school year.

**SERVICES OFFERED**

* Case management, life skills, employment skills and experiences and related services as determined by the IEP team during the school day and the school year.
* Youth Transition Program provides additional employment-related transition support

**AGENCY CONTACT INFORMATION**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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**YOUR CONTACT NAME AND NUMBER:**

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