

Highly Challenged Criteria Form

Individual's Name: _____ Case ID: _____

To be considered highly challenged, an individual must meet two (2) of the following criteria. Supporting documentation is required.

- Requires a personal care attendant at the job site.
- Has exhibited an ongoing, documented pattern of explosive behavior, physical aggression, self-abuse and/or destruction of property which would jeopardize his/her opportunity for achieving a successful employment outcome.
- During the last two (2) years has experienced three (3) or more events (e.g., hospitalization, recurring health or mental health issues), and/or a total of twelve (12) weeks incarceration or other institutionalization, which interrupted work or ability to live independently.
- Documentation (e.g., client statement, DRS Counselor confirmation, etc.) of rejection of the individual by other Contractors (e.g., employment, educational etc.) as being too difficult to serve.
- Is a member of the Hissom class.
- Meets eligibility criteria for the Program of Assertive Community Treatment (PACT) program. (Available through ESS TA)
- Alcohol and/or substance abuse is a secondary disability which has resulted in loss of employment within the last two (2) years.
- The individual's primary or secondary disability is Borderline Personality, Autism, Deaf/Blindness, Intellectual Disability, Traumatic Brain Injury.
- Has had three (3) or more changes of anti-psychotic medications in the past year.
- Requires specialized assistive technology such as sensory aids, telecommunication devices, adaptive equipment, and/or augmentative communication devices to succeed in employment.
- Other - Contractor must provide documentation to assigned ESS TA to support an additional employment limiting factor not listed above or another disability that would likely increase service costs and is more difficult to serve (must have at least one (1) other category documented first). Assigned ESS TA must approve in writing in advance. **This is only applicable if choosing "Other" as a criteria.**

Name of Person Completing Form: _____

Title: _____ Date: _____

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Approved Disapproved, by: _____ Date: _____
Reason: _____