# Key Contacts for the World of Work

You can use this customizable contact form to keep track of key contacts in the developmental disability services field

| Title | Service | Contact Person | Phone Number | Email | Special Notes |
| --- | --- | --- | --- | --- | --- |
| Care Coordinator | Managed care insurance coordinator |  |  |  | Name of MCO/Plan: |
| DARS Case Manager | Coordinates and funds transition to work services |  |  |  | Active or on waiting list:  Waiting list category: |
| Department of Social Services (DSS) | Manages Medicaid eligibility |  |  |  |  |
| Employer | Person/group who issues paycheck for work |  |  |  |  |
| Employment Transition Rep (ETR) | School employee who helps develop transition plan |  |  |  |  |
| Employment/ Day Program | Agency that provides daytime and/ or employment supports |  |  |  | Funded by (DARS, Waiver, CSB): |
| Financial Planner | Assists with managing current and future assets |  |  |  |  |
| Internship | Trial work opportunity in or out of school years |  |  |  | Company: |
| Legal Authority | Decision Making assistance |  |  |  | Supported Decision Making, Power of Attorney, Guardian, Conservator: |
| Personal Care Agency | Provides staff for Waiver hours |  |  |  | Services used: |
| Personal Care Attendant | Consumer Directed Waiver staff |  |  |  |  |
| Physician | Medical Care and oversight |  |  |  |  |
| Recreation Programs | Physical and social activities |  |  |  |  |
| Representative Payee | Manages Social Security income |  |  |  | Agency or personal contact: |
| Service Facilitator | Coordinates consumer directed Waiver services |  |  |  | Agency: |
| Social Security | Monthly cash benefit for adults |  |  |  |  |
| Special Education Advocate/ Attorney | Privately hired advocate to help with IEP and school issues |  |  |  |  |
| Special Needs Trust | Fund for saving for future needs |  |  |  |  |
| Support Coordinator | Arranges active DD Waiver Services |  |  |  | CSB or private:   Type of Waiver: |
| Transportation | Driver or service for travel |  |  |  | Name of Service Provider (Metro Access, Logisticare, Taxi company): |
| Waiting List Support Coordinator | Point of contact for Waiver waiting list at the CSB |  |  |  | Priority Tier for Waiting List:   Date of last contact: |
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