

What is the Community Employment Program?

ServiceSource and its affiliates operate the Community Employment Program under the AbilityOne program. The AbilityOne program is designed to create and enhance employment opportunities for individuals who are blind and/or have significant disabilities.

This package is for applicants who would like to be considered for the AbilityOne Program. If you are found eligible for the program and hired into the position, you will receive additional vocational support to help ensure your success and support your professional development.

Note:

This application is the first step to determine your eligibility for the AbilityOne program. After you submit this application and the required supporting documentation, our team will guide you through each step of the process.

About Us

ServiceSource is headquartered in Oakton, Virginia and is also comprised of multiple affiliated 501(c)(3) nonprofit organizations and our shared mission. We are a leading employer for individuals with disabilities and an authorized nonprofit agency as part of the AbilityOne program. We provide outsourcing services to federal and state government agencies, including all branches of the United States military. Read more about who we are [here](#).

Organization	Office Location	Service Locations
Employment Source	Fayetteville, NC	North Carolina, Kentucky
Opportunity Center, Inc.	New Castle, DE	Delaware, Pennsylvania, and New Jersey
PARC	Clearfield, UT	Utah
ServiceSource, Inc.	Oakton, Virginia	Virginia, Washington DC, Maryland, Pennsylvania, Nebraska, Texas, Colorado, and Missouri

Steps to Apply for the Community Employment Program

1. Complete the following:

Required Documentation

- a. Introductory Data Sheet (Page 5): Collects basic demographic information
- b. Program Parameters (Page 6): Outlines of our services and admission/retention criteria.
- c. Disability Documentation: Required for the AbilityOne program, this documentation is used to help determine your eligibility. Acceptable document types are listed in the next section.
- d. Legal Guardianship Documentation: *if applicable*, this is a court order or decree that legally identifies an individual to manage personal or financial affairs on behalf of the applicant.

Optional Documentation

- e. Release of Information: Allows us to help obtain information from referring agencies, medical providers, family members, or others.
- f. Reasonable Accommodations Request: For applicants who need accommodation during the interviewing process.

Disability Documentation

ServiceSource and its affiliates affirmatively hire people who are blind or have significant disabilities. As a qualified nonprofit agency operating within the AbilityOne program, we are required to obtain documentation that verifies you have a severe disability, as per the [Javits-Wagner-O'Day \(JWOD\) Act](#). A severe disability is defined as a severe physical or mental impairment which limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance, or work skills).

Only one document is required and must be dated within the last seven (7) years. Below is a list of types of documents applicants can submit, as per the U.S AbilityOne Commission's [Policy 51.403](#):

1. Social Security Administration: Documentation showing that you are eligible for or receiving disability-based benefits.
2. Medicaid Programs: Documentation from a state agency or a state designee confirming that you are eligible or receiving Medicaid- HCBS benefits based on a disability.

3. Department of Veterans Affairs: Documentation showing that you receive disability compensation for a service-connected disability, such as the Disability Breakdown Letter and/or Rating Decision Letter.
4. Vocational Rehabilitation: Documentation from the state vocational rehabilitation agency confirming that you have been determined to have a disability.
5. Other Federal, State, or Local Disability Certification: Documentation from a licensed professional who is authorized to evaluate and confirm that you have a disability.
6. Secondary Education: Documentation such as an Individualized Education Program (IEP), Section 504 Plan indicating a disability
7. Medical Professionals: Documentation from a professional who is licensed to make an evaluation that you are blind or have a disability. Providers may use their own forms or reports and must detail the nature and extent of your disability. This packet (Pages 7-9) includes an optional template you can provide for your medical professional.

Contact Information

If you have questions or need assistance, a list of contact details is below:

Job Location	EMAIL ADDRESS
COLORADO- AURORA, COLORADO SPRINGS	Co-Jobs@servicesource.org
DELAWARE, PENNSYLVANIA, MARYLAND	Jobs-DEPAMDTX@servicesource.org
MISSOURI- ST. LOUIS	Stl-jobs@servicesource.org
NORTH CAROLINA, KENTUCKY	Jobs-NCKY@servicesource.org
PENNSYLVANIA- BOYERS	boyers-jobs@servicesource.org
TEXAS- FORT WORTH	Tx-jobs@servicesource.org
UTAH- BRIGHAM CITY, TOOELE	UT-jobs@servicesource.org
VIRGINIA- CHESAPEAKE, NEWPORT NEWS	FtEustis-jobs@servicesource.org
WASHINGTON DC, MARYLAND, VIRGINIA	VAMDDC-Jobs@servicesource.org
WASHINGTON DC, VIRGINIA- FOOD SERVICES	Jobs-VA-FoodService@servicesource.org

Frequently Asked Questions

1. What happens after disability documentation has been approved?

Submitting approved disability documentation is the first step in the process and it does not guarantee employment. Our Talent Acquisition team and hiring managers will review your resume to assess your qualifications and will contact you to schedule an interview if you meet the position's requirements.

If you are selected for hire, the documentation will help us understand your support needs and guide any accommodation that may be required.

2. Who is my point of contact when I start working?

You will have three (3) main contacts to support you throughout your employment:

- a. Direct Supervisor: Your primary point of contact. They will provide training, explain your work assignments, and create your work schedule.
- b. Human Resources: A representative will meet you during your first week to help complete employment paperwork. This staff will also help you better understand your benefits and address any related questions.
- c. Rehabilitation Staff: This staff member checks in with you regularly to make sure things are going well and to help implement strategies that support your success at work.

3. Do I need third party funding to receive services through the Community Employment Program?

No, sponsorship from a third party is not required to be eligible for the service.

4. What type of jobs are available within the Community Employment Program?

Our jobs are integrated and community based. Most of our positions are located within federal government sites. For an up-to-date list of available opportunities, please visit our [careers](#) page and filter the options based on your preferred location.



Introductory Data Sheet

Applicant Name:	Phone Number:
Address:	City, State, Zip Code:
County:	Email Address:
Emergency Contact Information	
Name:	Relationship to the applicant:
Address:	
Phone Number:	Email Address:
Do you have a legal guardian?	Yes:
If yes, please provide court documentation	No:
Voluntary: If your disability diagnosis is not identified within the document you provided, please list it here:	

If you would like to receive information about additional programs you may qualify for, please select any of the options below:

Benefits Counseling	
Support services for adults with disabilities who receive or are eligible to receive TANF	
Support services for youth (14-24) with disabilities who receive or are eligible to receive TANF	
Support services for youth (14-24) with disabilities who are low income, housing insecure, foster care, or involved in the justice system	

Government Contracts Division - Non-Sponsored Employment Program Parameters (GCD Unfunded)

Program content	Parameter
Supervision	Supervision levels vary. ServiceSource cannot provide supervision off site and will not accept liability for individuals choosing to leave a Community Employment ServiceSource site.
Program Environment	Employment locations are frequently located in a federal facility. Each employment location employs people with a variety of support needs.
Physical requirements	The work environment and tasks will vary based on the employment setting. Individuals should review the job description in its entirety, with their support team as necessary, to ensure the individual is able to meet the physical demands of the job with or without accommodations. If accommodations are needed the individual should work with the Human Resources department, with support from the team as needed. Positions may also require an individual to have a security clearance. Performing employment related tasks may involve individuals to interact with other employees and customers.
Medical Supervision	ServiceSource does not provide any professional medical personnel (i.e. physician, nurse, physician's assistant, EMT, other) or services. Selected ServiceSource staff are trained in First Aid and CPR
Wages	Wages of ServiceSource employees are paid in accordance with the Department of Labor and other applicable regulations.
Voluntary program	Participation in this program is voluntary and individuals can choose to end services at any time. The wishes of an individual to leave the premises of the job site are not restricted.
Transportation	In general, ServiceSource does not provide transportation to and from the workplace, nor supervision when individuals are arriving at or departing from the workplace.

General Program Admission/Retention Criteria

1. The individual requests placement in the program.
2. The individual must be eighteen (18) years of age or older. Individuals under eighteen (18) years of age will be reviewed on a case- by-case basis.
3. The individual must have a documented disability that meets the AbilityOne definition of a significant disability or blindness.
4. As determined by the referral and internal screening process, participation in the program is desired, beneficial, and appropriate for the individual.
5. Information and documentation necessary to start services may vary according to program.
6. The individual should be in stable medical condition for the program or work environment. ServiceSource may attempt to verify that the individual is free of communicable disease and is not in a crisis state.
7. The individual should not be considered a clear and continuing danger to self or others, or disruptive to the program or work environment.
8. The individual requesting services and, as appropriate, family member(s) or a designated representative must participate as members of the Interdisciplinary Team (IDT) and cooperate in the development and implementation of the program plan.
9. The individual must be willing and able to abide by all policies, regulations and safety practices of the work environment.
10. The individual must be able to follow oral, written, and/or demonstrated instructions within the supervisory or support level available.
11. The individual must be able to care for personal needs or have personal care assistance provided.
12. The individual must have transportation to and from the work or program site.
13. The individual must be unable to obtain and/or maintain competitive employment without programmatic support.
14. The individual is expected to maintain a 75% attendance rate, unless otherwise dictated by an individual support plan or work environment.

I understand the program parameters presented above.

 Applicant or Legal Guardian Signature

 Date

Medical Professional Statement

The AbilityOne® Program is one of the nation's largest sources of employment for people who are blind or have significant disabilities. This Federal Program is administered by the U.S. AbilityOne Commission, the operating name for the Committee for Purchase from People Who Are Blind or Severely Disabled. Additional information on the Program can be found at www.abilityone.gov.

ServiceSource, a qualified nonprofit agency operating within the AbilityOne® Program, affirmatively hires persons with significant disabilities. ServiceSource has provided this **Medical Professional Statement** form to assist persons interested in the Program's employment opportunities, and their medical providers, with submitting all necessary information for consideration.

The information provided on this form will specifically be used to determine an individual's eligibility for employment opportunities based on identification of (1) significant disability and (2) the ability to find and maintain competitive employment outside of the Program without support.

The definition of severe disability used for purposes of this Program is found below.

Definition of Disability (41 CFR 51-1.3)

Other severely disabled and severely disabled individuals (hereinafter persons with severe disabilities) mean a person other than a blind person who has a severe physical or mental impairment (a residual, limiting condition resulting from an injury, disease, or congenital defect) which so limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is unable to engage in normal competitive employment over an extended period of time.

"Severely disabled individual; Severe disability; Significantly disabled individual; Significant disability;" are interchangeable or synonymous terms used within the AbilityOne Program to describe persons with severe disabilities who qualify to participate in the AbilityOne Program.

ServiceSource is required to obtain documentation of a significant disability as per US AbilityOne Commission Policy 51.403.

Accepted Credentials to Complete Form (US AbilityOne Commission Policy 51.403)

This form must be completed by a licensed physician, psychiatrist, psychologist, or other appropriate medical professional not affiliated with the non-profit agency, who is qualified to make a diagnosis of the individual's disabling condition(s), which reflects the nature and extent of the disabling condition(s).

Medical professionals who meet the above credentials may provide their own official forms or medical reports as long as the documentation provides the determined diagnos(es) and full contact information, to include:

- Legible, full name of the licensed professional; and
- Name and address of the licensed professional's practice; and
- Contact information for licensed professional or practice; and
- Signature (electronic or ink) and date.

Medical Professional Statement

MEDICAL INFORMATION

1. Individual's Name:

2. Individual's Date of Birth

3. The individual has been diagnosed with the following (required):

Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		
Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Communication <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Self-Care <input type="checkbox"/> Work Skills
<i>Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:</i>		

Medical Professional Statement

Individual's Name:

Individual's Date of Birth

Nature of Disability (<i>Diagnosis</i>):	Extent of Disability	Functional Limitations (Check all that apply):	
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Mobility <input type="checkbox"/> Communication <input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Direction <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Work Skills

Please provide any additional information concerning extent of disability and/or functional limitations that you deem necessary:

Special Accommodations/Comments:

4. It is my professional opinion that the above-named individual has a (1) significant disability and (2) the need for assistance to find and maintain competitive employment outside of the AbilityOne program and (3) would benefit from a program that assists with employment, training, and support. **(Response to this question is optional):**

Yes

No

5. Professional Identification (required)

Printed Name of Medical Professional:

Name of Practice:

Address and Phone:

License Number:

Signature and Title of Medical Professional:

Date:

A stamp with Practice Name, Address and Phone is acceptable Here

ServiceSource will securely store the medical professional statement in compliance with Health Insurance Portability and Accountability Act's Security Standards for the Protection of Electronic Protected Health Information.

Release of Information

All releases below pertain to: _____

Applicant Name (printed)

I, (above named applicant), hereby authorize ServiceSource to release information to or obtain information from: (check all that apply)

- Referral Agency: _____
- Medical Provider: _____
- Family Members/Friends: _____
- Residential Provider: _____
- Social Security Administration
- Veterans Administration

I understand that the information will be used for professional purposes only and will be limited to the following information: (check all that apply)

- Psychological Evaluation
- Individualized Education Plan or 504 Plan
- Medical Professional Statement
- Documentation of Disability
- HCBS eligibility
- Social Security eligibility
- Veterans Administration records
- Vocational Rehabilitation eligibility

This purpose of this release is to:

- Determine eligibility for the AbilityOne program
- Other: _____

Applicant Signature

Date

Court Appointment Legal Guardian Signature

Date

ALL RELEASES VALID FOR ONE YEAR FROM DATE SIGNED UNLESS RESCINDED BY APPLICANT



Reasonable Accommodations Request

If you require any accommodations to assist you with the hiring/interview process, please list them below.

Applicant Name: _____ Date: _____

Do you require any accommodations for the hiring/interview process? Yes No

If yes, what accommodations? _____

Do you require any accommodations once you are hired? Yes No

If yes, please reach out to HR for formal accommodations request form at 703-461-6000.