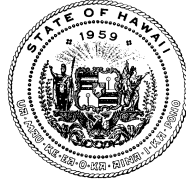


**DAVID Y. IGE**  
GOVERNOR OF HAWAII

Telephone: 808-733-2135  
Fax: 808-733-9841



**VIRGINIA PRESSLER, M.D.**  
DIRECTOR OF HEALTH

In reply, please refer to:  
File:

**STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES DIVISION  
COMMUNITY RESOURCES BRANCH**

3627 KILAUEA AVENUE, ROOM 411  
HONOLULU, HAWAII 96816

DDD Medicaid Waiver Program  
Memo No.: 2016-06  
Date: August 24, 2016

TO: DD/ID Medicaid Waiver Program Providers

FROM: Debra Tsutsui, Chief  
Community Resources Branch

SUBJECT: Employment Survey

The Department of Health, Developmental Disabilities Division (DOH/DDD), is collecting data for the National Report on Employment Services and Outcomes for the Bi-Annual report. Please assist us with identifying individuals in your agency who are or have been employed since July 1, 2014, by completing the attached survey and submitting it to the DOH/DDD by September 16, 2016.

You can find the current National Report on Employment Services and Outcomes at <http://www.statedata.info/>

If you have any questions, please feel free to call Jessica Worster, Employment Program Specialist, at (808) 733-2151.

Attachment

c: Mary Brogan, DDD Administrator  
Jon Fujii Administrator, DHS, MQD, HCSB

Department of Health  
 Developmental Disabilities Division

Data Collection for the National Report  
 on Employment Services and Outcomes Bi-Annual Report

Please list individuals in your agency who are or have been employed since July 1, 2014.  
 If none, please check this box .

**Provider Agency:** \_\_\_\_\_  
**Name and Telephone Number of Provider Staff Completing Survey:**

<b>Participant Name</b>	<b>Place of Employment</b>	<b>Hours Per Week</b>	<b>Rate of Pay (Per Hour)</b>	<b>Approximate Date of Hire</b>	<b>Approximate Employment End Date (if applicable)</b>	<b>Support Provided</b> Individual Employment Supports, Pre-Vocational, PAB, ADH etc.
<i>Example: John Smith</i>	<i>House of Pancakes Waipahu</i>	<i>20</i>	<i>\$9.25</i>	<i>07/2015</i>		<i>PAB</i>

Please submit completed survey by **September 16, 2016**, to:  
**Department of Health, DDD, CRB**  
**3627 Kilauea Avenue, Room 411**  
**Honolulu, Hawaii 96816**  
**Or Fax to (808) 733-9841**

If you have any questions regarding this survey, please call Jessica Worster at (808) 733-2151.