PAID INTERNSHIP PROGRAM ADDENDUM

Agency: ________________________________________________________________

Vendor Number: ______________________ Service Code: _______________

Welfare and Institutions Code (WIC) was amended effective July 1, 2016 to add section 4870 to encourage competitive integrated employment (CIE) for individuals with developmental disabilities. CIE is full or part-time work for which an individual is paid minimum wage or greater in a setting with others who do not have disabilities. Section 4870 authorizes funding to the Department of Developmental Services for a paid internship program. The purpose of the program is to increase the vocational skills and abilities of consumers who choose, via the Individual Program Plan (IPP) process, to participate in an internship. Goals of this program include the acquisition of experience and skills for future paid employment, or for the internship itself to lead to full or part-time paid employment in the same job. To assist you with your addendum, please respond to the following prompts and provide any additional narrative that is applicable to this new addition of your services.

I. Vendor Process and Description
   a. Program Purpose and Goals:
   
   b. Describe expected outcomes at completion of internship program:
   
   c. Describe your approaches to creating person centered internship opportunities:

II. Internships
   a. List and describe the types of internship opportunities your agency will assist consumers in attaining. Some examples include:
      1. Traditional paid internships
      2. Apprenticeships
      3. Self-Employment
   
   b. Describe any types of specialized assessments, services, or internships available
through your program that may not be available in other programs of the same kind:
c. Describe approaches to supporting consumers in apprenticeships, self-employment enterprises, as well as other business opportunities via an internship program that can lead to future paid employment.

III. Responsibilities: (Be sure to include which party will be paying the intern)

a. Describe employer’s responsibilities in the internship program:
b. Describe the service provider’s responsibilities in the internship program:
c. Describe the participant’s responsibilities in the internship program:

IV. Person Centered Planning

a. Participant Choice: Describe how internship opportunities will be person centered and support the individualized goals of the person served.
b. Skills Assessment: Describe the assessment process(s) you will utilize with consumer participation to determine their goals, interests, aptitudes and talents and how that information will guide you in assisting participants in finding meaningful internship opportunities.
c. Assessment of Progress: Describe how the progress towards IPP goals will be measured and tracked as well as the role of the participant in this process.
d. Supports Available: Describe how you will meet the individualized support needs of the participant both during the assessment and internship procurement process, and also during the internship itself. Discuss the “handing off” process should the participant become employed as a result of the internship.
e. Service and Supports: Please indicate the locations and range of working hours you are able to provide supports.

V. Referral and Intake

a. Referral Process: Please describe how you will receive and respond to referrals for PIP.
b. **Entrance Criteria:** Please describe the program’s entrance requirements as well as any limitations on your ability to provide support for individuals who require assistance with personal care, behavioral issues, medical supervision, etc.

c. **Intake Process:** Please describe the step-by-step process an individual would go through to participate, beginning with referral.

d. **Program Capacity:** What is the maximum number of PIP participants the program will support at any given time?

### VI. Staffing

a. **Job Descriptions:** Please attach copies of new and or updated job descriptions for personnel that will support the PIP program. Staff must meet staff criteria for service code being utilized for PIP program.

b. **Staff Supervision:** Please describe how direct service staff will receive supervision.

c. **Staffing Ratios:** For most PIP opportunities, the ratio will be 1:1. Please describe any circumstances where that ratio might change, and how that will be reviewed/addressed in light of PIP requirements. Address contingency plans for staff absences.

### VII. Strategies and Compliance

a. Describe your plans and strategies for addressing transportation needs:

b. Provide a statement of compliance with the state or local minimum wage:

c. Provide a statement of understanding regarding interested participants between the ages of 18-22 who are in school and compliance with WIC Section 4648.55; Spell out what your understanding is:

d. Provide a statement that all businesses to be worked with in the internship program must operate their business in compliance with California State laws.

### VIII. Data Collection

a. Please indicate your method for ensuring the annual cap of $10,400 for the paid internships program is not exceeded.
b. Describe your process for ensuring program accountability and achievement of program goals, including methods of data collection and reporting.

Please outline the methods you will use to capture the following information:

- Types of internship placements, including the setting and type of work performed.
- Length of internships.
- Demographic information of interns.
- Payment amount of each intern placed, specified by wages and payroll costs, if any.
- Supports specific to the internship provided by an agency, service provider or individual.
- Number of interns who subsequently entered paid employment, including salary, benefit information and employment start date. Indicate any interns who might not have achieved employment without the internship program.
- Supports/techniques/assessments/etc. that were successful in assisting individuals with internship opportunities that lead to employment, and also those that were not.

IX. Program Evaluation

a. Describe the methods by which the effectiveness of the program will be evaluated and attach a current or proposed evaluation form or survey.

b. Describe your grievance process for participants and methods for resolving challenges between all parties.

c. Include examples of any forms you will use to capture and track the above information, and indicate that a full report based on DDS guidelines will be issued to DDS and to your vending regional center by each September 1 annually.