

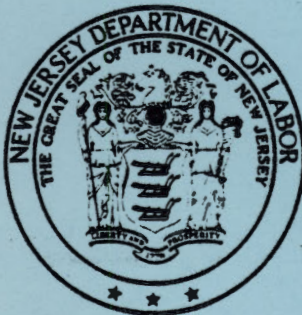
PLAN 1982

NEW JERSEY DIVISION OF
VOCATIONAL REHABILITATION SERVICES

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NEW JERSEY STATE PLAN FOR VOCATIONAL REHABILITATION FACILITIES AND SHELTERED WORKSHOPS

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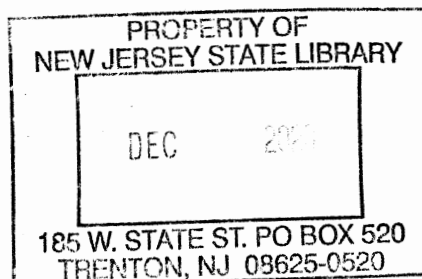
JANUARY, 1982

N. J. DEPARTMENT OF LABOR

THOMAS H. KEAN, Governor
ROGER BODMAN, Commissioner

1982
State of
New Jersey
State Plan for
Vocational Rehabilitation
Facilities

This document is presented in conformity with the Rehabilitation Act of 1973 as amended, Section 45 of the Code of Federal Regulations and Section 12 of the New Jersey State Plan for Vocational Rehabilitation Services.



1- Introduction

The New Jersey Division of Vocational Rehabilitation Services is responsible for delivering vocational rehabilitation services to the disabled citizens of New Jersey. As part of that responsibility we in the Division are also responsible for seeing that the resources exist to provide the services.

The purpose of the New Jersey State Vocational Rehabilitation Facilities Plan is to assure the highest and best use of those resources available to the New Jersey Division of Vocational Rehabilitation Services [NJDVRS] in its effort to serve the handicapped citizens of New Jersey.

It is only with planning that the limited resources available can be efficiently and effectively utilized to respond to the need and interests of disabled citizens.

A Vocational Rehabilitation Facility, for the purpose of the plan, may be defined as; a facility offering evaluation and training services designed to deal with the problems encountered by disabled citizens in attempting to realize their optimal vocational potential.

The services available in a vocational rehabilitation facility are seen as specialized and require specific skills and environment. In order to guarantee that these circumstances exist the Division publishes Rules and Regulations which will govern the conduct of these programs and provide a framework for recognition by NJDVRS.

2. Methodology

The State Facilities Plan has chosen to accept truth where it is to be found. In order to do this an open process has been used which, while not formal in some respects has allowed a maximum input.

Initially a mailing was made to a broad spectrum of community and rehabilitation leaders in the State of New Jersey. This was followed by liaison meetings with the New Jersey Association of Rehabilitation Facilities and the Director's Consumer Advisory Committee.

Significant contributions were also made by the personnel of the Division of Vocational Rehabilitation Services as well as other State Agencies such as the Department of Education, Division of Mental Health and Hospitals and the Division of Mental Retardation.

Statistical documentation and analysis were secured through both the DVRS Facilities Unit Staff and DVRS Program Evaluation Unit Staff. Significant input was also derived from the DVRS Audit Staff.

This combination of survey technique and statistical analysis provided a broad base for planning.

3. Policy Statement

It shall be the policy of the NJDVRs that we shall endeavor to make available to all citizens of the State of New Jersey appropriate vocational rehabilitation facilities programs to give our disabled citizens every opportunity to achieve their maximum vocational potential.

It is our desire that a true continuum of services can be developed to assure that every individual who has even the smallest spark of potential will have the chance to develop that spark no matter how long it may take.

It is the desire of the Division that circumstances be created whereby a high level of quality service will be available regardless of the area the State that an individual resides in. In order to achieve this goal the Division supports the concept of a limited number of facilities serving specific needs within defined areas, so as to achieve the highest level of quality service in the most cost effective manner.

It is the understanding of the NJDVRs that Sheltered Employment shall not be considered as "terminal". Rather, it shall be an opportunity to provide ongoing services, in a controlled and supportive environment, for the individuals who are not capable of succeeding under the time constraints of the traditional Vocational Rehabilitation Program administered by the Division.

While in some instances individuals may not, in fact, ever succeed in reaching competitive employment levels, they shall still receive periodic evaluation, counseling, and other services available under the Sheltered Employment Program.

4. Background

The term Vocational Rehabilitation Facility means many things to many people. Reading the law on the subject is of little help since the legal definition is so broad as to be nearly all inclusive.

On a programmatic level, however, we must deal with this issue. In order to simplify things a bit the Division has divided all facilities into three classifications:

Traditional- those facilities which offer vocational evaluation Work Adjustment Training, possibly some special or skill program and sheltered employment.

Psycho-Social Programs - those facilities which offer evaluation and adjustment services to the psychiatrically disabled. They provide vocational training and or Transitional Employment Program.

Medical Programs - Those medical facilities which have
Physical Medicine departments and Vocational Evaluation
Programs.

With a little imagination and a lot of stretching of boundaries all facilities that are the responsibility of the NJDVRs Facilities Unit can be categorized within these three areas.

5. Census Data

Population

During the last ten years the population of the State of New Jersey has increased only 2.7%. While this is quite modest in comparison with the U.S. gain of 11.4% it is the largest population increase in the Middle Atlantic States. Our two large neighbors Pennsylvania and New York had lower growth rates with New York actually having a 3.8% decline.

The story is quite different when we look at county populations. Four counties [Cape May, Ocean, Hunterdon and Sussex] had population increases of over 25% and four additional counties [Atlantic, Gloucester, Burlington and Warren] had increases of between 10 and 25%.

Five counties, all in the northeast corner of the state lost population [Union, Essex, Hudson, Bergen, Passaic], ranging from 2.9% [Passaic] to 8.8% [Essex].

The majority of large municipalities also lost population indicating a trend to suburbia.

Table 1
Population by County
1970 - 1980

	<u>Population</u>		<u>Change:</u> <u>1970 - 1980</u>	
	<u>1970</u>	<u>1980</u>	<u>Number</u>	<u>%</u>
New Jersey	7,171,112	7,364,158	193,046	2.7
Atlantic	175,043	194,119	19,076	10.9
Bergen	897,148	845,385	51,763	5.8
Burlington	323,132	362,542	39,410	12.2
Camden	456,291	471,650	15,359	3.4
Cape May	59,554	82,266	22,712	38.1
Cumberland	121,374	132,866	11,492	9.5
Essex	932,526	850,451	82,075	8.8
Gloucester	172,681	199,917	27,236	15.8
Hudson	607,839	556,972	50,867	8.4
Hunterdon	69,718	87,361	17,643	25.3
Mercer	304,116	307,863	3,747	1.2
Middlesex	583,813	595,893	12,080	2.1
Monmouth	461,849	503,173	41,324	8.9
Morris	383,454	407,630	24,176	6.3
Ocean	208,470	346,038	137,568	66.0
Passaic	460,782	447,585	13,197	2.9
Salem	60,346	64,676	4,330	7.2
Somerset	198,372	203,129	4,757	2.4
Sussex	77,528	116,119	38,591	49.8
Union	543,116	504,094	39,022	7.2
Warren	73,960	84,429	10,469	14.2

Source: U.S. Bureau of the Census, 1980 Census of Population and Housing, "Advance Reports," PHC80-V-32, Issued March 1981.

Table 2
POPULATION BY MUNICIPALITY*
1970 - 1980

		<u>Population</u>		<u>Change:</u> <u>1970 - 1980</u>
	<u>Rank</u>	<u>1970</u>	<u>1980</u>	<u>%</u>
Newark City [Essex]	1	381,930	330,000	-13.8
Jersey City [Hudson]	2	260,350	223,532	-14.1
Paterson City [Passaic]	3	144,824	137,970	- 4.7
Elizabeth City [Union]	4	112,654	106,201	- 5.7
Trenton City [Mercer]	5	104,786	92,124	-12.1
Woodbridge Twp. [Middlesex]	6	98,944	90,074	- 9.0
Camden City [Camden]	7	102,551	84,910	-17.2
Hamilton Twp. [Mercer]	8	79,609	82,801	4.0
East Orange City [Essex]	9	75,471	77,025	2.1
Clifton City [Passaic]	10	82,437	74,388	-9.8

Note: * These are New Jersey's most populous municipalities

STATE FACILITIES PLAN

6. Community Input

Community input came from two sources, a public forum in conjunction with the Statewide Consumer Advisory Meeting, and a mail survey of professional and governmental organization and individuals.

Twelve areas were brought up in the mail survey. Four of these areas were mentioned more frequently than any other. They were; transportation, expansion of work activity training programs, expansion of Extended Employment Programs and improvement of Vocational Education for handicapped, in that order.

The first, and most frequently mentioned, was transportation. This is always a problem. Often transportation is not available, if it is available the cost is usually prohibitive. This problem, at this point is beyond the solution of Vocational Rehabilitation.

A reliable, affordable, convenient public transportation system, accessible to the handicapped must for the moment remain a dream.

It must be kept in mind however that access to existing public transportation and possible adjustment of working hours to allow off-peak travel, should be kept in mind when opening a facility. Existing shops might consider off-peak scheduling.

The second priority expressed was the expansion of the Work Activity Training Center Program presently administered by DVRS. While this is not, per se, a vocational rehabilitation program, it does have vocational elements and is considered a pre-vocational rehabilitation component in an integrated service delivery system.

The present program is funded by Title XX through the Department of Human Services on a sub contract basis. DVRS has made frequent requests for additional funds to expand this program which presently has a capacity of approximately 175. In light of present circumstances it is unlikely that additional Title XX funds will become available.

It is presently DVRS's intention to pursue other funding sources, such as Title XIX, to help sponsor this program or some similar program for this population who are not capable of performing at a level making the participation in Sheltered Employment economically feasible.

The third most frequently requested change was an increase in the Extended Employment Program.

The Sheltered [or Extended] Employment Program will be expanded by approximately 10% in the coming year. This will continue the unbroken growth pattern

shown by this program since it was first funded in 1972. It will bring the number of individuals to be served to approximately 2200.

Sheltered Employment is seen as the final step before competitive employment in an integrated service delivery system. The cost of serving a client for one year in the Sheltered Workshop Program is 58% of what it would be in the Work Activity Training Center Program and only 34% of what it would be in an Adult Activity Center.

FIGURE 1

Number of
clients
served by
the
Sheltered C
Workshop L
Program I
by E
Fiscal N
Yr. T
Fy 71 S
Fy 82

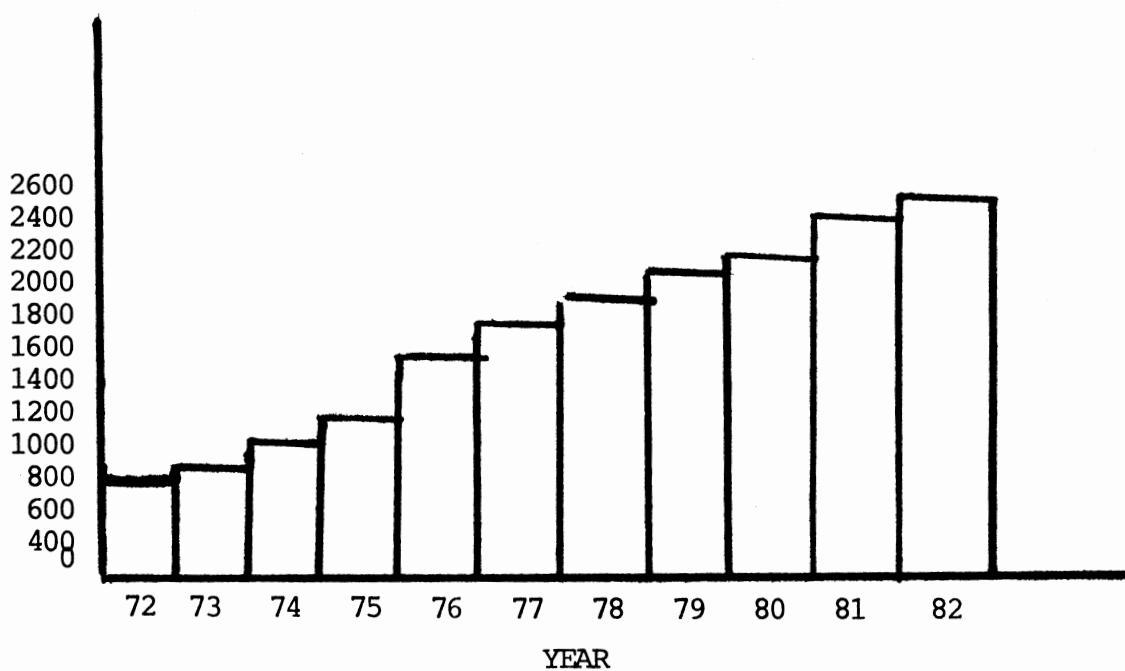
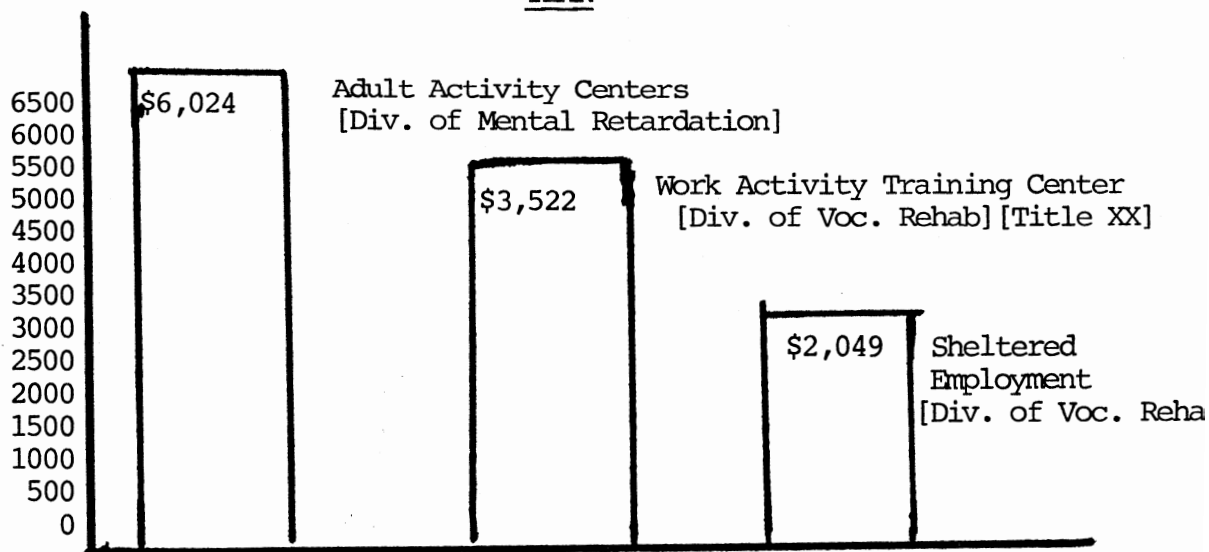


FIGURE 2

Cost per
Client
Fy 1982
In
community
based
Programs



* New Jersey Proposed Services Program Plan for FY82 and 83
Department of Human Services

Figure 1 demonstrates the continual increase in the number of clients served by the Sheltered Employment Program. This represents the response to the need for community based programming to compliment the State's deinstitutionalization efforts.

In Figure 2 we can see the relative cost of the three basic programs available in the community. For every client who could participate in the Sheltered Employment Program, but who is retained in Adult Activities because of lack of resources in Sheltered Employment \$3975 is wasted.

The area cited fourth, the improvement of Vocational Education [or preparation] falls right in sequence. Here we seek to move the client out of the facility into the competitive labor market with a job skill. It is an area that is not necessarily best dealt with in facilities. The cost factor involved in skill training programs that are under utilized can be ruinous to facilities. An eye must be kept on making sure Vocational Education Programs, public and private already in existence are accessible to the handicapped.

FIGURE 3 List of Survey Responses

Transportation	7	Move Placement	2
Work Activity Training Center	6	Employee Benefit EE	2
Extended Employment	5	Inter-Agency Cooperation	2
Vocational Education	4	Spanish Language	1
Broadening Services	3	Regionalization	1
Move Contracts [Workshops]	3	504 Compliance	1

At the consumer meeting, held June 8, 1981, in Princeton, New Jersey the biggest concern expressed was the possible exploitation of sheltered employees. One individual went so far as to make accusation, of a general nature, that this was the case. Specifics were asked for and there has been no contract through the middle of November.

It was explained that these programs are closely monitored and an effort was made to follow-up which bore no fruit.

7. Program Utilization

A. Traditional Facilities

The overall utilization of Traditional Facilities, as well as the benefits received from traditional declined during fiscal 1981.

There was a 15% reduction in the number of individuals beginning evaluation last year and 13% reduction in the number of people rehabilitated. The reduction is proportional between sheltered and competitive placement for rehabilitations.

For the majority of facilities the number of clients who started evaluation rose or fell within a relatively narrow range. Five facilities however showed atypical changes, they were:

Atlantic County Opportunity Center	[-159]
Boland	+ 76
Hunterdon Occupational Training	-169
West Essex Rehabilitation Center	-100
Abilities of North West NJ	+ 40

This in some degree demonstrates the ebb and flow of clientele. Boland [+76] and West Essex [-100] are close enough that this change could be no more a shift of popularity, almost a fad phenomenon, between the two facilities.

The Atlantic County Opportunity Center drop is a result of the termination of the grant for Casino Placement.

Hunterdon Occupational Training Center has always been well regarded but is very susceptible to the vicissitudes of transportation. This has to some degree contributed to their tendency to deal with the Educational Community with its extensive and reliable transportation network. Hunterdon Occupational Training Center is recognized by the New Jersey Department of Education as a private school providing special education services.

Suffice it to say that while there are local aberrations for various and sundry reasons the present situation does not indicate a need for expansion in the area of our evaluation capability. The above statistics combined with the fact that at the end of the year there were only 85 individuals [less than 3 per facility] waiting more than four weeks for entry into evaluation, support this position.

B. Sheltered Workshops

Based on the available information it appears that approximately 225,000 individuals are potentially eligible for Vocational Rehabilitation in New Jersey. If our existing ratios for clients known to, and active with, the agency hold up [11% of clients need facility services, 22% of that total eventually enters sheltered employment] the absolute need for sheltered employment slots in New Jersey is 5,445. We are presently capable of handling 2,200 or 37.8% of the population.

C. Psycho-Social Centers

Psycho-Social program activity has either picked up or slowed down depending on what data source you use and how you interpret the data.

The facts remain much as they did last year. We do not have a solid statistical picture of what is going on in this area. What we do have is a tantalizing bit of information here and there which shows us activity but hides the extent of the activity.

During the last year good progress has been made in our attempts to improve cooperation with the Division of Mental Health and Hospitals. We have also published Rules and Regulations which for the first time define the program we wish to purchase and put all parties concerned on notice as to what is expected of all concerned.

D. Work Activity Training Centers

Work Activity Training Centers continue to exist in the pilot project mode that has been their format since inception. With minimal additional funding the program has been expanded to accommodate a maximum of 173 persons.

The present funding climate makes it difficult to envision any expansion of this program in the near future unless funds can be attracted from some new sources such as medicaid.

This program could qualify for such funding since it is by nature therapeutic and client's earnings fall well below any significant amount.

With the restrictions put in place during the present year [20% productivity for Extended Employment effective July 1981] the need for WATC programs should be better defined during the next year.

It may also be interesting to observe the progress made by the four "Over 20" school districts. These education sponsored programs are interested in the provision of WATC type programs to individuals who complete the regular education system.

E. Medical Programs

During the next year a special effort will be undertaken to analyze the dynamics of our relationship with the Medical Vocational Rehabilitation Programs.

A survey of the data available leaves one with the feeling that there are a lot of referrals [253] and intakes [262], for not very much money [66,039] resulting in a limited number of rehabilitation [54].

It appears that there may be some crossover in reporting of clients who are referred for medical services. It may also be appropriate to report some in-patients who receive vocational services under the per diem rate and therefore do not appear in computer generated data.

8. Summary

During the last year some goals have been met and some have not.

There is now at least one operational Vocational Rehabilitation Facility in each county. This has substantially met the agency's objectives as far as availability of services is concerned.

The problem of transportation still exists and may become worse as costs escalate. This is not a problem that this agency or this plan can adequately deal with.

It is simply not plausible to solve the problem of transportation by opening a facility on every corner, nor is there money to put into operation a transportation system of any size.

Transportation must, of necessity, remain a problem to be dealt with by the local authorities. Local in this case meaning county.

DVRS will continue to study this issue and will encourage alternate work styles, such as off peak starting and quitting time keyed to utilization of an existing transportation system, where possible.

Two conclusions are to be drawn from the data presented:

The first is that we do not need any additional Evaluation or Work Adjustment Training capability. There are sufficient slots to handle the clients that DVRS will be able to sponsor in the foreseeable future.

What is needed in this area is an increase in the quality of evaluations. This shall be a priority for the coming year with all the same qualifications stated last year.

The second conclusion involves Sheltered Employment. Here there exists a shortage of slots.

The shortage of slots in Sheltered Employment is serious in its own right but, it also has a domino effect on the utilization of facility services. With no sheltered employment slot available DVRS will be reluctant to utilize limited resources to sponsor clients whose only potential is sheltered employment is evaluation and training when no slot exists for them at the end of this process.

It shall be a priority to try to expand Sheltered Employment opportunities in a responsible manner and at the same time to improve the earning ability of clients in sheltered employment.

The final priority, in light of the budget uncertainties that exist, will be to keep the resources that are presently available in existence as a resource for the disabled citizens of New Jersey.

UTILIZATION DATA - TRADITIONAL
FACILITIES FY 80 & 81

FEDERAL FISCAL YEAR 1981

	# Begin. Diag. Eval.	Avg. Daily Attend.	# In Exten- ded Work.	DVRS Closures				26 Hmkr.	Shelter- ed Empl.
				08	28	30	Comp.		
Abilities of So. NJ	193	224	112	56	42	16	53	1	25
Abilities of NW Jersey	60	46	35	7	5	0	8	0	5
Associated Craftsmen	103	58	52	24	28	7	43	3	15
Atlantic Co. Opp. Ctr.	93	95	71	32	30	9	42	0	10
August H. Boehme Rehab.	35	35	43	11	5	2	6	0	10
Bancroft Comm. & School	26	-	-	-	-	-	6	-	-
Boland Rehab & Trg.	224	56	79	3	8	0	-	-	-
Camden OTC	34	78	57	19	6	2	4	0	9
Cumberland Co. Voc. Rehab.	84	20	23	7	2	0	4	0	5
Edison Shelt. Workshop (New)	-	-	-	-	-	-	-	-	-
Goodwill Ind. of So. NJ	85	47	49	26	14	7	18	2	11
Goodwill of NJ	59	73	21	17	20	0	13	0	8
Highlands Workshop	66	65	30	6	4	1	6	0	9
Hunterdon OTC	39	35	38	33	32	16	47	0	12
Jersey Cape D.T. & Opp.	48	56	65	14	14	3	14	0	28
(JVS (Opp. Workshop)	71	58	20	9	21	5	36	3	16
(JVS (Work Ctr. Aging)	20	40	55	(Included above)				-	-
Joseph Feinman Voc. Ctr.	38	45	33	12	6	3	7	0	10
Monmouth Ctr. V.R.	101	126	56	18	23	3	23	2	15
OC Essex Co.	69	276	274	9	8	5	4	0	58
OC Hudson Co.	27	92	85	10	18	0	1	0	20
OC Union Co.	48	210	213	5	4	0	9	1	31
OTC Burlington Co.	100	88	65	59	32	1	20	0	26
OTC Mercer Co.	45	80	62	8	6	8	5	0	11
OTC for the Handicapped	32	138	106	13	7	4	13	1	17
Ocean Co. Opp. Ctr.	75	42	114	25	11	4	10	0	25
Raritan Valley Wkshp.	74	139	122	10	15	12	13	0	20
Salem Co. Occ. Ctr.	18	57	63	4	2	0	1	2	20
St. John of God	11	50	44	7	1	0	0	0	13
Union Co. - Thrift Shop	13	45	27	5	4	0	1	0	7
Voc. Ind. Somerset Area	55	54	38	12	12	4	13	0	18
West Essex Rehab.	82	85	53	9	25	4	19	0	25
West Hudson Council	7	19	2	1	1	0	0	0	4
Work Opp. Center	32	149	113	1	7	0	1	1	15
TOTALS	2,067	84 (2,681)	2,220	472	413	116	440	16	418

FEDERAL FISCAL YEAR 1980

	# Begin. Diag. Eval.	Avg. Daily Attend.	# In Exten- ded Work.	DVRS Closures				26 Hmkr.	Shel- tered Employ
				08	28	30	Comp.		
	177	175	95	74	30	4	46	3	28
	20	57	46	4	8	1	4	0	11
	138	71	77	27	15	10	31	2	5
	252	79	62	39	42	18	47	1	15
	49	67	4	7	3	3	10	0	11
	-	-	-	10	6	0	-	-	-
	148	85	105	-	-	-	-	-	-
	47	50	51	28	8	2	6	0	13
	14	n/a	n/a	2	2	0	4	0	0
	-	-	-	-	-	-	-	-	-
	68	65	47	40	18	4	24	1	9
	53	14	16	6	9	0	20	1	3
	32	20	2	6	4	2	17	1	7
	208	29	31	53	29	16	61	0	7
	91	46	50	11	5	8	18	0	16
	74	13	17	14	14	5	45	5	11
	28	28	46	(Included above)				-	-
	23	43	32	8	3	3	11	1	12
	118	112	7	19	28	9	42	5	17
	75	280	243	17	10	7	8	1	49
	45	84	80	8	3	1	8	1	17
	71	200	185	7	9	6	8	0	25
	120	104	51	45	19	2	23	0	31
	50	80	56	10	8	2	9	0	5
	27	185	96	14	15	3	22	0	17
	58	80	113	10	19	4	11	0	23
	80	148	114	19	13	5	11	0	26
	28	54	45	5	0	0	4	0	15
	17	55	4	1	0	0	3	0	7
	12	26	1	3	2	0	6	0	10
	69	53	30	17	11	6	7	0	12
	182	75	38	9	11	4	25	1	14
	7	17	0	-	-	-	-	1	-
	41	138	99	5	2	0	0	1	16
TOTALS	2,422	79 (2,533)	1,843	518	346	125	531	25	432

	<u>Fiscal Year 1981</u>			<u>Fiscal Year 1980</u>		
	# of Clients referred by DVRs	# of Clients placed in employment		# of Clients referred by DVRs	# of Clients placed in employment	
		<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Academy House	23	4	8	17	7	5
AAMH	20	13	25	25	12	14
Bridgeway House	23	11	11	-	9	-
Comm. Mtl. Hlt. Cntr. Gl.	0	0	1	1	1	31
Cumberland County Guid. Cntr.	17	5	5	2	4	0
Delaware House	14	1	7	7	2	n/a
Friendship	65	38	14	41	40	16
Gateway	0	0	0	0	0	0
Harbor House/ St. Joseph's	1	0	6	24	3	2
Jersey City Med. Ctr. Adult PHP	10	2	5	12	8	4
Maryville Alco. Rehab. Center	14	11	0	21	8	0
Marian Ctr.	2	n/a	4	-	n/a	n/a
Mid-Bergen Comm. Mtl. Hlt.	0	7	-	15	13	40
*Mt. Carmel Guild/ APH Newark			-	17		n/a
*Mt. Carmel Guild/ Jersey City	21		14	4		13
*Mt. Carmel Guild/ Cranford	19		15	20		31
*Mt. Carmel Guild/ Union City	1		0	20		0
Pathways Inc.	10	12	7	-	42	n/a
Prospect House	30	13	12	32	27	54
Renaissance/Riverview Hosp.	0	0	0	0	25	0
Seabrook House	-	2	-	5	5	-
Somerset Co..Comm. Mtl. Hlth./						
ARISE	17	2	9	0	7	9
St. Clare's	0		11	0	2	-
Straight & Narrow, Inc.	0		0	0	0	0
	287	121	154	263	215	237

A - DVRs Computer Data

B - Psycho-Social Center Reported Figures

* - DVRs Computer cannot isolate data on these facilities due to Catholic Community Services having one vendor ID number.

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COUNTY	ATLANTIC	BERGEN	BURLINGTON	CAMDEN	CAPE MAY	CUMBERLAND	ESSEX	GLOUCESTER	HUDSON	HUNTERDON	MERCER	MIDDLESEX	MONMOUTH	MORRIS	OCEAN	PASSAIC	SALEM	SOMERSET	SUSSEX	UNION	WARREN	STATE
SHELTERED WORKSHOPS	1	3	1	*** 3	1	1	4	2	3	1	1	2	2	1	1	1	1	1	1	2	1	32
PSYCHO-SOCIAL CENTERS	0	2	1	1	0	2	2	1	4	0	0	0	1	1	0	2	0	1	0	2	0	20
DVR LOCAL OFFICES	1	1	1	1	1	1	2	1	1	0	1	1	1	1	1	2	0	1	0	1	1	20
FACILITY SLOTS ****	79	279	90	161	62	40	639	235	102	115	70	178	264	180	76	42	56	55	50	245	42	3,060
FACILITY BASED SKILL PROGRAM *	3	4	0	7	0	0	11	8	0	9	0	5	3	0	2	1	0	0	0	3	0	56
MEDICAL REHABILITATION FACILITY	1	0	0	1	0	0	3	0	0	0	1	1	0	0	0	0	0	0	0	0	0	7
WATC	1	1	0	0	0	0	0	0	0	0	0	2	1	0	0	1	0	1	0	1	0	8
SPECIAL PROGRAMS **	0	2	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	1	0	6
COUNTY POPULATION 1	194,000	845,000	363,000	472,000	82,000	133,000	850,000	200,000	557,000	87,000	308,000	595,000	503,000	408,000	396,000	448,000	65,000	203,000	116,000	504,000	84,000	7,364,000
FACILITY SLOTS PER 100,000 OF POPULATION	.4	.3	.2	.3	.8	.3	.7	1.1	.2	1.3	.2	.3	.5	.4	.2	.1	.8	.3	.4	.5	.5	.4

* A Facility may have more than one approved skill program.

** Job Seeking Skill, Specialized Evaluation, Employment Focus, Transitional Employment, etc...

*** Bancroft School and Bancroft Community counted as one facility located in Camden County.

**** Based on Average Daily Attendance 4/80 to 6/80 in facilities having sheltered workshops.

1 1980 Census Data rounded to nearest 1,000

JDK:lnw:jcs

NJAC Title 12 Chapter 51

**NEW JERSEY STATE
VOCATIONAL REHABILITATION
FACILITIES**

RULES AND REGULATIONS

EFFECTIVE AUGUST 6, 1981

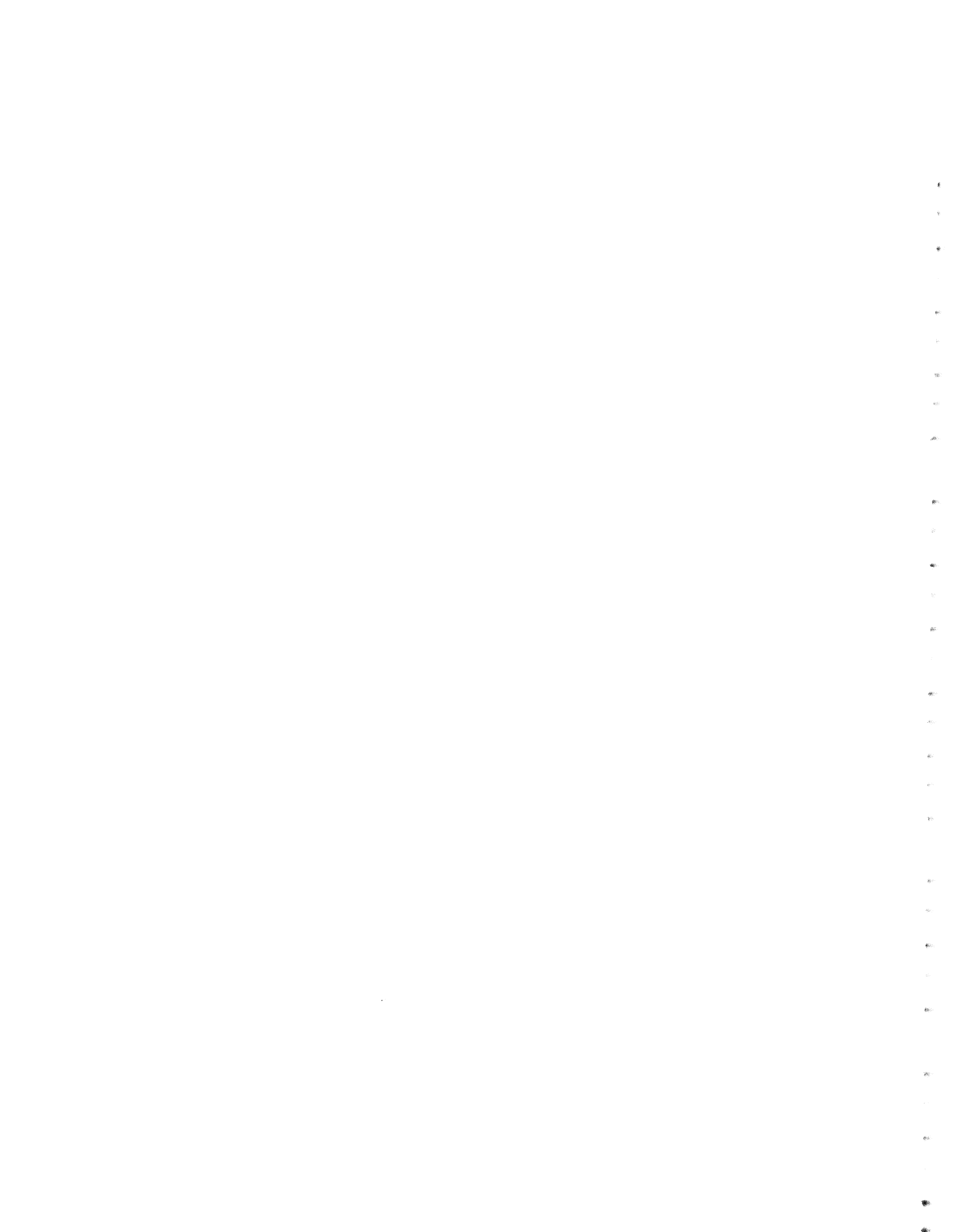


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CHAPTER 51 VOCATIONAL REHABILITATION SERVICES

SUBCHAPTER 1. GENERAL PROVISIONS

12:51-1.1 Scope and purpose

Prior to this submission the New Jersey Division of Vocational Rehabilitation Services has published Standards for Vocational Rehabilitation Facilities which have had the force of Policy. This chapter is intended to strengthen the legal impact of these rules. The purpose of this chapter is to define the criteria for operation of a program of services which is eligible to vend services to the New Jersey Division of Vocational Rehabilitation Services.

12:51-1.2 Validity

Should any section, paragraph, sentence or word of this chapter be declared for any reason to be invalid, such decision shall not affect the remaining portions of this chapter.

SUBCHAPTER 2. INTRODUCTION

12:51-2.1 Rules

(a) Standards of performance and service for vocational rehabilitation facilities are necessary in order to assist and encourage their orderly development, growth, and successful operations. The following standards, unless specified otherwise, are applicable to sheltered workshops, psychiatric rehabilitation centers, and similar types of facilities which provide rehabilitation services.

(b) The Facilities Staff of the New Jersey Division of Vocational Rehabilitation Services has called together from time to time a committee to assist and give counsel in the development of appropriate standards for the various rehabilitation facilities in New Jersey. This committee has been composed of representatives of the New Jersey Association of Rehabilitation Facilities, and the Facilities Staff. Initial standards were developed in June, 1967 similar to those published by the National Policy and Performance Council under the sponsorship of the Vocational Rehabilitation Administration.

(c) The basic rationale for the development of these standards of operations consists of the following:

1. With the increased growth and diversification of facilities in the vocational rehabilitation field, there is a need to establish standards of operations for agencies offering rehabilitation services.

2. Established, recognized standards, give evidence of a professional discipline, help facilities provide the consumer with quality services, and establish accountability of operations.

3. Standards for rehabilitation facilities are necessitated by the enactment of the State and Federal legislation to help establish and improve rehabilitation facilities. These standards will be utilized as a minimum basis for establishing the approval of assistance grants under the Federal Vocational Rehabilitation Act and other legislation, and for the use of such rehabilitation services, and by the New Jersey Commission for the Blind and Visually Impaired. They shall also be applicable to the purchase of services from the payment of fees to the rehabilitation facility by the New Jersey Division of

Vocational Rehabilitation Services and the new Jersey Commission for the Blind and Visually Impaired.

4. State planning for rehabilitatin facilities must include the establishment of standards.

5. These standards will serve as rules for the establishment and operation of rehabilitation facilities in New Jersey. They will also be used as goals and measurements of effectiveness, efficiency, and progress in delivering necessary services to handicapped individuals. A major objective will also be to enable or assist the facilities to meet standards to C.A.R.F. or N.A.C.

(d) Approval of a facility will be contingent upon its adherence to the standards set forth by D.V.R.S.

(e) DVRS recognizes the need to make every effort to utilize existing facilities and agencies to assist their clients in realizing their full potential. Every effort should be made to exhaust the use of existing services before the development of new services by a facility.

(f) It is a matter of high priority to DVRS that a unified services system become a reality. This should include agencies such as DVRS, Division of Mental Health and the Division of Mental Retardation as well as community service providers. Such an effort would be of incalculable benefit to the disabled citizens of New Jersey.

(g) The Director of the Division of Vocational Rehabilitation reserves the right to withhold approval of new vocational facilities wher it is felt that the approval of such a vocational facility will, due to oversaturation, have a detrimental effect on the cost effectiveness or quality of rehabilitation in an area.

SUBCHAPTER 3. CORPORATE ORGANIZATION AND ADMINISTRATION

12:51-3.1 Organization and by-laws

(a) The rehabilitation facility or its parent organization will be, or will be part of, a legal entity with a charter and by-laws which are in accordance with those legal requirements which affect its organization.

(b) The facility will be incorporated as a not-for-profit organization and will hold a letter of exemption under Section 501(c)3 of the Internal Revenue Service Code of 1954.

1. The agency's charter from the State of New Jersey will identify the corporate entity, state the objective of the corporate entity, describe categories of the qualifications for membership if applicable.

2. The charter, by-laws, or articles of incorporation will contain provision for the dissolution of the organization in such a manner as to ensure that no residual assets can accrue to the benefit of any individual or group of individuals.

(c) The charter will clearly state the purposes of the facility and describe these purposes in a form suitable for distribution.

(d) The purpose of the facility will be related to the human needs it serves. The facility will describe how its programs contribute to these purposes, and conditions or restrictions on admission or provision of services.

1. The by-laws will :

i. Provide for a governing body;

ii. Describe qualifications for membership in the governing body election, and tenure of office

- iii. Provide for the election and specification of duties of officers;
- iv. Establish regular and special meetings of the governing body, in no event fewer than four meetings each year;
- v. Provide for committees of the governing body;
- vi. Describe the parliamentary procedures which will be followed in the conduct of business meetings;
- vii. Describe methods of amending the by-laws;
- viii. Establish a quorum with requirements of at least one-third of the governing body; and
- ix. Require recording of minutes.

2. The rehabilitation facility will have an Affirmative Action Program and will not discriminate on the basis of race, sex, creed, national origin, or disability.

12:51-3.2 Governing body

(a) The governing body has a legal and moral responsibility for the formulation of basic policies concerned with the establishment of its purposes and conduct of its program.

(b) The governing body shall be constituted so as to provide effective ethical leadership, resourcefulness, and stability for the facility.

(c) The governing body, to the extent practicable, on a rotating basis, will reflect a wide range of community interest, including consumer participation.

(d) The governing body, whose members serve without pay, and whose membership will not mean financial gain, shall be responsible for establishing all broad workshop policies of administration and operation.

1. The Board will be broadly representative of the community and reflect the major areas of activities in which the workshop is engaged. The board should include such professional and related fields as: management, personnel, rehabilitation, manufacturing, public relations, finance or accounting, medicine, law and public welfare. A disabled person, associations for the disabled, and also organized labor should also be represented.

2. The Board will be organized into committees corresponding to the major activities of the workshop. The minimum committees should be an Executive Committee, Personnel Committee, Finance Committee, and a Nominating Committee. Preferably, the following functional committees should be added: Rehabilitation Services Committee, an Industrial or Manufacturing Committee, a Public Relations Committee, and a Facilities Committee.

3. There will be a provision in the Articles of Incorporation and/or the By-Laws stating a maximum length of time for a term of office of a Board member to ensure a rotating membership.

4. The Board, or its Executive Committee, shall meet at least quarterly and minutes of all meetings will be on file and distributed to all Board members.

(e) The Board will approve and evaluate programs, stimulate continuing program planning, and make recommendations for program growth.

1. This includes establishing policy regarding property, funds, management and operations.

2. Part of the functioning and responsibility for the Board is to obtain adequate financial support for the workshop, and to provide funding for the building and equipment needs for the organization.

(f) The governing body will have the responsibility for the establishment and maintenance of high standards of operation for the facility, and for its continuing development.

(g) It will approve the initiation, expansion, or modification of the facility's program based upon the rehabilitation needs of the community and the capability of the facility to have an effect upon those needs within its established goals and objectives.

(h) It will adopt an annual budget, establish policies for administration of funds, and it will regularly review the financial status of the facility.

(i) The governing body will consist of no less than seven people. No maximum is set at this time.

12:51-3.3 Executive Director

(a) The governing body will appoint an Executive Director. It will formally state his relationship to the governing body or its designated authority, and his duties, and delegate to him in writing such authority and responsibility as is necessary to direct the facility in accordance with its policies.

(b) The Executive Director will maintain an effective liaison with the governing body. He will be present at all meetings of the governing body and standing committees, except when his personal status is under consideration.

(c) Staff members other than the Executive Director will not serve as members of the governing body. The Executive Director will orient new members of the governing body to the operations of the facility. He will assist the governing body in the formulation of policy by presenting and interpreting operating reports, including reports reflecting the efficiency and effectiveness of the facility, and by presenting and interpreting financial statements, short-term and long-term plans, changing concepts, needs and related information.

(d) The Executive Director will assist the governing body as required in such functions as fund raising, community relations, and related duties.

(e) The Executive Director will coordinate and direct activities of the facility in accordance with the policies of the governing body. He will develop the organizational structure for the facilities staff.

(f) The Executive Director will maintain personnel policies. He will control the operation of the facility through day-to-day decisions and authorization of expenditures, and other procedures in accordance with the policies established by the governing body.

(g) The Executive Director shall upgrade the operation of the facility by studying and analyzing reports of the various services comparing the performances against budgetary, administrative, and professional standards and the extent to which facility goals and objectives are being attained, and taking appropriate corrective measures. He will also keep informed of the rehabilitation developments locally and nationally.

(h) The Executive Director will be held responsible to the Governing Body and its Executive Committee for the overall and entire administration of the facility's operations and programs and offer to them appropriate information, guidance, and recommendations with respect to any matter thereto or as otherwise required by his job description.

12:51-3.4 Staff organization

(a) There will be a staff organization under the chief executive which sets forth lines of authority, responsibility, and communication in accordance with policies established by the governing body. The organizational structure will be designed to promote efficient and effective operation of the facility's programs.

1. The delegation of authority and responsibility within the staff organization will be established and specified in job descriptions of administrative and professional personnel.

2. Coordination of activities and policies of administrative and professional departments will be achieved through regularly scheduled meetings of appropriate department heads.

3. Each department head will be responsible to the chief executive or his designee for fulfillment of his assigned duties. Each department head will:

i. Carry out the administration of his department in keeping policies established by the governing body and by the chief executive.

ii. Have direct access to the chief executive or his designee.

iii. Participate in decisions affecting his department, such as the establishment of department goals and objectives, budgeting, staffing, space allocation, travel, client selection, in-service training, consultants, public relations, and program development.

iv. Be responsible for employees' scheduling, job performance and periodic rating of employees' effectiveness.

v. Be responsible for interns, trainees, aides, and volunteers assigned to his department.

12:51-3.5 Business and financial practices

(a) The rehabilitation facility will observe sound business and financial practices in all areas and will manage its fiscal affairs consistent with the purposes of the organization, applicable legal requirements, and generally accepted principles of financing.

1. The facility will operate on an annual budget. The budget should be prepared by the facility's chief executive officer realizing its goals. It shall be submitted to and approved by the governing body or its designated authority, and will be used during the year covered, as a yardstick to assess accomplishment of budgetary goals.

2. The rehabilitation facility's accounting system will follow the standards established by the Commission on the Accreditation of Rehabilitation Facilities and the A.I.C.P.A. Audit Guide for Audits of Voluntary Health & Welfare Organizations. Such an accounting system will be functional and enable the organization to identify clearly the cost of rehabilitation services, production activities, administration, and other expenses of operation. The financial records of accounts must be kept on the premises of the facility.

3. Fiscal reports will be prepared and communicated to the governing body or its designated authority at no less than quarterly intervals, or more frequently, if needed.

4. An annual report, demonstrating stewardship of resources received and services rendered will be published and made available to the public. The report should include information on financial status,

administration, and program activities as well as composition of Board of Directors.

5. A copy of certified audit which renders an opinion and is conducted by a certified public accountant in accordance with generally accepted auditing standards and the A.I.C.P.A. Industry Audit Guide for Voluntary Health and Welfare Organizations will be filed with Facilities Research Utilization Specialist of the New Jersey Division of Vocational Rehabilitation Services each year.

6. Charges for services or products will be based on a knowledge of their cost, including overhead. All long-term contracts should be reviewed regularly to ensure an adequate pricing structure.

7. Where fees are charged for services not paid for by other agencies, the facility will have an established schedule of fees for services. The schedule of fees shall be available in printed form and will be applied fairly and equitably to each person served. Fees will not be split with other agencies or individuals as consideration for referral of persons to be served.

8. Fund raising programs will conform to legal requirements and established ethical standards for fund raising activities.

9. The facility will have a risk protection program adequate to preserve its assets and to compensate its staff, volunteers, clientele, and the public for reasonable claims due to events for which the facility is liable. Evaluation of the needs for insurance and the types of protection offered will be reviewed annually, or more frequently, if necessary. Insurance or risk coverage will include building(s), equipment, and inventory, malpractice liability, Workers Compensation, Social Security, and bonding of appropriate personnel.

10. In quoting bids for contract work, an overhead mark-up averaging at least 80 percent on direct labor, supported by the precise analysis of costs of normal direct labor, should be charged for subcontract work. The value of any services, equipment or space provided by the contractor for the contract operation may be included in the determination of this mark-up. The quotation for contracts shall also take into consideration the following:

i. Knowledge of local industry prevailing piece or time rates for comparable work;

ii. Determination of production norms of the clients;

iii. Production rate norms established when industry rates are not available;

iv Costs of supplies, of equipment peculiar to the work, and of administrative overhead.

11. Selling prices of the workshop's manufactured products will be in line with the prevailing price range for such products in the areas in which its products are marketed.

12. Subcontract prices and selling prices of manufactured items will be reviewed at least annually to assure that they remain fair and competitive. The workshop will not knowingly accept work from companies which are on strike at the time they accept it.

13. The facility will seek to achieve optimum efficiency consistent with the rehabilitation needs of its clients.

14. The facility will pay wage rates commensurate with those paid for similar types and amounts of work by local commercial and industrial establishments maintaining approved labor standards.

15. The facility must comply with all Federal and State Wage and Hour Laws and Regulations, and be certified when applicable, by the Wage and Hour and Public Contracts Division of the U.S. Department of Labor and by the State of New Jersey. All clients under the age of 18 are required to have working papers issued by the local Board of Education. The facility will comply with Federal, State, and local laws and regulations covering the physical facility, staff, client benefits, and will also comply as nearly as practicable to local industrial and/or business practices relating to fringe benefits, including Social Security coverage for all clients so eligible.

16. Active membership should be maintained in the appropriate State and National professional associations such as the National Rehabilitation Association, the New Jersey Rehabilitation Association, and their affiliates, the International Association of Rehabilitation Facilities, the New Jersey Association of Rehabilitation Facilities, New Jersey Psychiatric Rehabilitation Association, and any other allied health and welfare organizations.

17. All financial records will be made available to authorized representatives of the New Jersey Division of Vocational Rehabilitation Services and the New Jersey Commission for the Blind and Visually Impaired Facilities Staff and will be subject to examination and audit upon satisfactory notice thereof.

18. The facility will file with the Division of Vocational Rehabilitation an annual copy of its certified audit and the management letter.

19. The Division of Vocational Rehabilitation will suspend payment to any facility that does not keep appropriate records.

SUBCHAPTER 4. EVALUATION

12:51-4.1 Evaluation

(a) Evaluation is a systematic appraisal of a handicapped individual's employability, to determine the individual's vocational potential and to predict the extent to which any limitations can be removed, corrected, or minimized by specific rehabilitation services.

(b) The basic evaluation (pre-vocational evaluation) can last from one to 20 weeks. The initial authorization will normally be for ten weeks but may be shorter by mutual agreement. Further authorization will depend entirely upon justification, viable staff conferences, and reporting.

(c) In programs where production activities which may include work samples, are a part of the evaluation process, the client should be expected to produce at six percent of the competitive rate. This shall increase to nine percent effective January 1, 1982 and to 12 percent on July 1, 1982. If the client produces at 75 percent of the required rate extension may be given in five-week intervals until the 20-weeks is reached. The client productivity should be sampled over the last three-day period prior to the preparation of the report. If at the end of evaluation the client is not producing at the required rate, it is doubtful he has vocational potential, and he should be terminated from the program, and referral made to a program of appropriate level.

12:51-4.2 Procedure

(a) In some instances a DVRS office may contract with a facility for a short term evaluation on a specific system, such as SINGER or JEVS or part thereof. In these instances the authorization will be for the length of time

mutually agreed as sufficient by the facility and the DVRS Counselor. Diagnostic prescription will be developed mutually between the DVRS Counselor and the appropriate facility staff person. The evaluation period will be complete when one of the following goals is accomplished:

1. Development of a facility rehabilitation plan;
2. Determination that the facility program is not suitable to the client's needs.

(b) The evaluation report will be prepared following the staffing conducted at the end of the eighth week of evaluation. It should arrive at the DVR office during the ninth week and will be processed for further action by DVR during the tenth week. If significant information develops during week nine and 10 it should be communicated to DVR by phone and a handwritten note will be entered on the evaluation report by the responsible counselor or supervisor. DVRS will be responsible to provide appropriate documentation of this decision to the facility during the tenth week. Any significant development or event involving a DVRS client should be reported immediately to the DVRS counselor.

(c) Vocational Evaluation, other than on floor work observation, shall be carried on in a separate room with appropriate space, light and ventilation. Sound levels shall not exceed 70 decibels.

SUBCHAPTER 5. WORK ADJUSTMENT TRAINING (WAT)

12:51-5.1 Work Adjustment Training

(a) Work Adjustment Training is designed to help the handicapped individual form a work personality that will help him increase his productivity and handle day-to-day demands of competitive employment, by developing one or more of the following: self-confidence, self-control, work tolerance, ability to handle interpersonal relationships and understanding of work. There may also be varying degrees of skill acquisition involved.

(b) Clients who are earning between 10 percent (15 percent, effective January 1, 1981, 20 percent effective July 1, 1982) and 40 percent at the end of 18 weeks should be closed as sheltered employees at that time. Clients who are earning above 40 percent may be considered for up to two, nine week extensions if there is a definable upward trend in their production. Clients earning between 75 percent of required rates may be given one nine week extension if patterns of performance indicate that there is reason to believe they can achieve the sheltered level of employment.

(c) It is recognized that the acceptable levels for sheltered employees production vary from shop to shop dependent on several factors such as level of sophistication of contract work. These figures are meant to serve as minimums and do not preclude a shop's setting higher minimum standards for sheltered employees so long as those standards are forwarded in writing to DVRS.

(d) During Work Adjustment Training staffings are to be held no less than every six weeks, or more frequently. Written notes of these staffings will be submitted to DVR during the week following staffing. A comprehensive review of the clients progress will be conducted at the staffing two weeks prior to the end of the authorization (approximately week 16 for a 90 day authorization, week seven for a 45 day authorization). The same relative schedule for processing will be binding on both parties.

SUBCHAPTER 6. SHELTERED (EXTENDED) EMPLOYMENT

12:51-6.1 Sheltered (Extended) Employment

(a) Sheltered (Extended) Employment is a program designed to prepare an individual for competitive employment, where feasible, at a rate tailored to his/her own needs. This program has available all the services of the basic VR program at a lower level of intensity and without the time constraints of the VR program.

(b) Sheltered (Extended) Employment is intended for those persons whose handicapping conditions fit them only for sheltered employment in a sheltered workshop or in the performance of industrial homework under the supervision of a sheltered workshop. After completion of a certified program of Vocational Evaluation and Training, these persons shall be individually certified by DVRS.

(c) Aside from the production area the services available to sheltered (extended) employees must include evaluation, counseling and placement as a minimum. A case record will be maintained on each individual which will include documentation of all services provided to the sheltered (extended) employee.

(d) The case record will also include a Facility Rehabilitation Plan which will be developed in concert with the evaluation of the sheltered (extended) employee. One of the facility's primary resources for demonstrating services provided is the case record. This case record must be updated every three months.

(e) Each sheltered (extended) employee will have a formal semi-annual review conducted by appropriate professional staff and modification will be made to the Facility Rehabilitation Plan as indicated by progress or lack of the same.

(f) Case records will include regular quarterly notation of client earnings as percentage of competitive pay on jobs. Specific explanations are required in those instances where an individual is earning over 50 percent of competitive rate and is not involved in active efforts toward competitive placement. Active placement efforts in progress must be documented.

(g) The ratio for floor supervision shall be one supervisor to 20 clients. Floor supervisors shall not be absent from the floor due to other assigned duties not related to floor supervision (e.g. contract procurement). Staff meetings, safety committee, etc., are considered regular supervisory responsibilities.

(h) In computing supervisor ratio in satellite facilities, off site, or crew labor programs, these will be considered as separate entities. While counseling and placement services need not be "on site" full time, they must be available on a regular scheduled basis.

(i) When a staff vacancy exists through illness or separation that is expected to last more than 10 consecutive days, the facility must notify the Division. If it appears the vacancy will exist beyond 10 days, the facility will submit, in writing, a plan for assuring continued services to the client.

(j) For the purposes of standards compliance a position will be considered vacant for 40 work days. After 40 work days the position will be considered not to exist until such time as it is filled.

(k) Each facility is expected to place a percentage of its sheltered (extended) employees in competitive employment each year. It is recognized that economic consideration will impact on performance in this area and consideration will be given for economic factors.

(l) Physical plant facilities must comply with CARF Standards 7.1 through 7.8 and 7.9.4.

1. Demonstration of compliance to Standards for New Jersey Vocational Rehabilitation Facilities is the responsibility of the facility. On an attached sheet marked "Program Description", describe in relative detail the services, program methodology and results that may be expected as a result of the program.

12:51-6.2 Reporting

(a) The facility shall be responsible for the submission of a quarterly statistical report 14 calendar days after the close of each quarter. This report will be submitted on Form RSW-1 to be supplied by the Division of Vocational Rehabilitation Services.

Quarter Ending	Date Due
September 30	October 14
December 31	January 14
March 31	April 14
June 30	July 14

(b) A narrative report shall also be submitted on June 15 of each year, relative to the Sheltered (Extended) Employment Program, which shall detail the major accomplishments of the program and explain any problems that were encountered.

12:51-6.3 Business and financial practices; records; requirements

(a) Contractor's accounting records are required to include the following information:

1. Individual client attendance records summarizing periodically on a calendar basis the number of days the client is present and absent, and the reason. The scheduled "working day" of a facility's sheltered (extended) employment program will consist of not less than five working or instructional hours. This record will be maintained either for all clients in a single binder or individually in each client's case file.

2. Total wages or other payments to clients annually and individually for the agency's fiscal or calendar year.

3. Supplementary cost records: Records should also be maintained that will enable the State Auditor to readily and accurately determine the separate cost for direct labor, indirect labor, and payments made in excess of those required by minimum Wage and Hour regulations. (Often called wage supplements or "subsidies").

4. Annual auditor's reports, copies of the auditor's adjustments and work papers, if necessary, to explain the adjustments, and depreciation schedules. An analysis of the agency's costs will not be completed until this information has been reviewed by State auditors. In the absence of this information, the agency's book figures and the state auditor's estimates will be used in computing the agency's program costs.

5. The validity and reliability of the expenses (cost recorded in your records) is determined to a large extent by the agency's internal control procedures and organization and maintenance of source documents. To the

extent that they do not adequately provide for accounting of the agency's financial transactions in accordance with generally accepted accounting principles, recommendations, will be made, if necessary, to bring them into conformity with such.

6. Such records and procedures as may be necessary or required to meet the requirements of Contract Sections VII, VIII, XII, XIII, XV, XIX, XX, et al., and Standards of New Jersey Vocational Rehabilitation Facilities as revised currently.

12:51-6.4 Wage and hour compliance

Contracts will comply with all applicable State and Federal Wage and Hour regulations including the possession of all certificates legally required and on a current basis.

12:51-6.5 Reevaluation of sheltered (extended) employees

(a) Annual reevaluation and ongoing services to sheltered (extended) employees is the responsibility of the Vocational Rehabilitation Facility. This activity is supported by DVRS through the funding of the Sheltered Employment Act.

(b) On occasion it may become apparent that with the provisions of some specific service the individual may be competitively employable. When this instance occurs, the facility should contact the local DVRS office and discuss the specifics of the case. The decision as to whether the case should be accepted will be made on an individual basis.

(c) It should be kept in mind that the majority of sheltered (extended) employees are Medicaid or Medicare eligible and as such must be considered for similar benefits.

(d) Vocational rehabilitation services to individuals to maintain them in sheltered (extended) employment are also a matter of individual consideration. If the vocational goal continues to be sheltered (extended) employment, the Plan of Services and all justification must be reviewed and signed by the Manager. In Manager II offices, the District Supervisor must review and sign.

SUBCHAPTER 7. PSYCHO-SOCIAL CENTERS

12:51-7.1 Psycho-social centers

(a) Psycho-social rehabilitation is a structured program of vocational preparation that endeavors to discover and develop the individual's strengths and assets, build positive and adaptive skills to increase and extend the individual's repertoire of skilled behavior in the physical, emotional and intellectual areas of functioning with the purpose of teaching the living, learning and working skills necessary to function effectively in his community with the least possible support.

(b) It is distinguishable from treatment or maintenance programs by its emphasis on vocational performance skills acquisition. Treatment seeks to alleviate discomfort, reduce symptoms and minimize "sickness" in a non-threatening environment with minimum demands. Vocational rehabilitation begins when work ceases to be a treatment modality and becomes the program goal toward which all psychosocial activities and all performance expectations are oriented.

(c) The tactic of providing vocational performance skill acquisition is designed to make the client increasingly less dependent upon the program itself and upon the mental health system. Rather than solving his immediate problems, or assisting him through a crisis, the rehabilitation goal is ultimately to teach the individual the skills necessary to prevent future problems, enabling him to live and work effectively and independently. Effective rehabilitation programs are those in which all activities are systematically synchronized to progress deliberately toward that goal utilizing existing resources and linking the client to program services that ultimately enhance his independence in the community.

(d) The minimum staff required for approval of facility in this classification should consist of the following.

1. Executive Director (agency);
2. Program Director or Supervisor (full-time);
3. Rehabilitation Counselor (full-time);
4. Work Supervisor (full-time);
5. Employment Specialist (full-time);
6. Consulting Psychiatrist.

(e) At least two of the above, exclusive of the Executive Director and Consulting Psychiatrist must have a master's degree or a B.A. and at least three years experience in providing vocational programming to the psychiatrically disabled. A staff- to- client ratio of 1 to 12 exclusive of the Executive Director and Consulting Psychiatrist must be maintained.

(f) Specific staff qualifications appear at N.J.A.C. 12:51-9.1(i)1 through 24 and will be followed. The above-mentioned staff personnel must be approved by NJDVRs.

(g) Demonstration of compliance to standards for New Jersey Vocational Rehabilitation facilities is the responsibility of the facility.

12:51-7.2 Program description

(a) Vocational Readiness Assessment (a diagnostic service): A Vocational Readiness Assessment (VRA) is designed as a short-term period of time during which a facility evaluates the readiness of a client to engage in and benefit from a variety of vocational services. A determination is made at the end of this short term assessment that the client understands and is committed to employment as a goal at the completion of his rehabilitation process.

(b) Community living skills are often the greatest barrier to employment for psychiatric clients. In recognition of this fact the VRA shall evaluate the following skills and their potential impact on vocational service provision. These skills include, but are not limited to: medication, housing, transportation, self-maintenance, including grooming and appearance, money management, home maintenance (cooking, cleaning, shopping, etc.), psychological and psychiatric factors including interpersonal skills, and ability to utilize leisure time activity. The VRA shall also evaluate the client's ability to participate in vocational activities.

(c) A VRA can be accomplished through a variety of activities and services examples of which are, interviewing, group and individual counseling, service procurement, activities of daily living, leisure time activity groups, psychometrics, community contacts, work activities such as a facility work situations, contracts or volunteer work.

(d) A VRA can be authorized to a maximum of 10 programs days over a period of 20 working days. An agency must provide the following services over this period.

1. Vocational activities (40% of time);
2. Related Activities (ADL, use of Leisure time, etc.) (40% of time);
3. Assessment related counseling (15% of time);
4. Community contacts (5% of time).

(e) The VRA should be designed in a systematic, organized fashion that allows for concrete observation as the basis for its results.

(f) On the ninth or tenth day of VRA a staffing will be held which will be attended by appropriate facility staff and the DVR counselor.

(g) Written notes of the staffing noted in (f) above shall be submitted which address the results of the assessment including the potential impact of community living issues, potential adjustment to a vocational program, a determination as to the feasibility of further vocational programming and a tentative Rehabilitation Diagnostic Plan for those services. If an agency has determined that the client is not appropriate for further vocational services at this time, recommendations for referral, type of service, and mechanisms for linkage shall be made. Psycho-social centers shall make every effort to utilize other existing services to assist their clients in realizing their full potential prior to the development of such services at the facility.

12:51-7.3 Rehabilitation diagnosis (a diagnostic service)

(a) The primary purpose of a rehabilitation diagnosis (evaluation) is to assess the client's present level or skilled performance and to ascertain the level of skilled performance he needs to live, learn and work in his community with the least possible amount of support.

(b) The ultimate outcome of rehabilitation diagnosis is the formulation of the Facility Rehabilitation Plan that will specify the individual client's rehabilitation goals and will provide the standards against which progress is measured.

(c) An Agency offering a rehabilitation diagnosis must provide the client with the following minimum time in direct service.

1. Two hours of vocational activities per day, which must include either a facility or community site situational assessment in at least two occupational areas. The use of work samples, contract work and psychometrics is desirable but optional. The vocational activities shall be provided in a systematic organized basis for the purpose of determining client conditions and job objectives in the context of the work environment in which he shall function. Direct observation of the client within context shall become the basis for the evaluation.

2. Two hours of related activities such as interactional group activities, activities of daily living, etc. These related activities should be consistent with the client's level of functioning and compliment the vocational activities in terms of how the client's interactional style and related skills development effect the client's potential for employment and employment maintenance.

3. Counseling must be an integral part of the rehabilitation diagnosis provided by the facility. It should be directed towards vocational or related issues which impact on a client's progress toward competitive employment.

(d) A rehabilitation diagnosis may be authorized up to 10 weeks. The evaluation period will be completed when one of the following goals is accomplished:

1. Development of a facility rehabilitation plan;
2. Determination that the facility program is not suitable to the client's needs

(e) The evaluation report shall include answers to questions such as:

1. Was the client's original stated vocational goal realistic? If not, why wasn't it and has a realistic goal been formulated?
2. Is the client ready for transitional work experience or competitive employment? If so, what occupational area?
3. If the client is not ready for either of the above, what does the client need for job readiness?
4. What kind of program will meet the needs of the client? Is this program addressing the behavior, attitude and skills assessed during the evaluation and where might the services best be provided.
5. How do support services issues such as housing, medication, financial, etc., impact on the rehabilitation plan? How is the client's program addressing these needs?

(f) As a result of the rehabilitation diagnosis, the agency may decide to discontinue the client's program and refer to another appropriate service through the Division of Vocational Rehabilitation Counselor.

12:51-7.4 Rehabilitation Plan

(a) The Rehabilitation Plan will describe the means by which the client will progress from present level of skilled performance to the needed level of skilled performance.

(b) Each Rehabilitation Plan will specify long range and short range goals.

(c) Each goal statement will describe observable, measureable behavior to be dealt with, the environment in which the behavior occurs, the technique or method to be used, the measure of effectiveness, and the staff responsible.

(d) Progress reports will individually address each short range goal. The facility shall make every effort to identify and utilize existing services at other agencies to assist their clients in realizing their full potential as part of the rehabilitation plan.

(e) The Diagnostic Report will be prepared following the staffing conducted at the end of the eighth week of the diagnostic phase. It should arrive at the DVR office during the ninth week and will be processed for further action by the DVR during the 10th week. If significant information develops during weeks nine and 10, it should be communicated to DVR by phone and a handwritten note will be entered on the diagnostic report by the responsible counselor.

(f) Any significant development or event at any time during the rehabilitation process must be reported immediately to the DVRS counselors.

12:51-7.5 Vocational Development Training (a case service)

(a) Vocational Development Training is a process of increasing and extending the individuals repertoire of performance skills (behaviors) in the physical, emotional and intellectual areas of functioning for the purpose of providing the individual with the living, learning and working skills necessary to function effectively in employment and independently in his community in spite

of his emotional handicap. The process involves exposure to situational experiences and related activities that enhance inter-personal interaction, personal attitudes, work habits, skills work and stress tolerance and motivation.

(b) An agency providing vocational development training must provide the client with the following minimum time in direct services:

1. Four hours of vocational activities which might include facility site operations in food service, janitorial/maintenance, clerical, other services or contract work.

2. Two hours of related activity such as interactional group activities, activities of daily living, etc. These related activities should compliment the vocational activities in terms of improving the client's interactional style and related skills development so as to effect the client's potential for employment and employment maintenance.

3. Counseling must be an integral part of vocational development training provided by the agency. It should be directed towards vocational or related issues which impede a client's progress toward competitive employment.

4. Transitional work experience: This experience may be utilized in lieu of the four hours of work activities and two hours of related activities during the initial authorization as long as the following three criterias are met.

- i. The client is on the job site for a minimum of four hours per day;

- ii. There is a work-site visit by the professional facility staff at least once per week;

- iii. There exists some related activity at least once per week to maintain the client's connection with the facility.

(c) Vocational development training can be authorized initially up to 22 weeks. An initial eight week extension can be authorized. This initial extension shall be utilized with the client participating in Transitional Work Experience. A facility may request continuation of agency site programming rather than Transitional Work Experience only with justification and concurrence of the DVR Counselor.

(d) During Vocational Development training staffings are to be held no less than every six weeks, or more frequently. Written notes of these staffings will be submitted to DVR during the week following the staffing. A comprehensive review of the clients progress will be conducted at the staffing two weeks prior to the end of the authorization (approximately week 20 for a 110-day authorization, week seven for a 40 day authorization). The same relative schedule for processing will be binding on both parties.

12:51-7.6 Transitional Work Experience (a case service)

(a) Transitional Work Experience is a realistic experience in the community that allows the client to test his employment skills in a real work setting. This can be either subsidized or unsubsidized and may take the form of the transitional employment, CETA subsidized work experience, formal volunteer situations or some variations. All applicable Wage and Hour regulations must be adhered to.

(b) An agency providing Transitional Work Experience must provide the client with the following minimum time in the program:

1. Four hours of transitional work experience per day;

2. A minimum of one site visit by an agency professional staff person per week;

3. Some related activity at least once per week to maintain the client's connection with the facility.

(c) Transitional Work Experience will have had an initial eight week authorization during vocational development training. An additional eight weeks of Transitional Work Experience may be authorized as indicated based on client progress.

12:51-7.7 Job Maintenance (a case service)

(a) Job Maintenance is a stabilization process after job placement has occurred to assist the client in maintaining the job he has acquired. This has been demonstrated to be a crucial service for clients with significant emotional difficulties. During this service, problems that the client and the employer experience can be resolved with the assistance of the facility professional staff person. Since service needs in this area will vary, a unit fee structure will be employed. A unit is a session of individual or group counseling or a job site visit. They are called units because in terms of actual staff time expenditure, they would be basically comparable with three to four hours of time.

(b) Job Maintenance may be accomplished through group or individual counseling which address specific employment or employment related problems as well as through job site visits.

(c) An initial 22 units of Job Maintenance is provided during the initial 60 working day period. These units can be utilized in any combination of individual and group counseling or job site visits. Upon completion of 60 working days and participation by the client and facility professional staff person in job maintenance, a rehabilitation plan will be submitted to the referring DVR counselor with one of the following recommendations:

1. That no further maintenance is needed, and the case can be closed; or
2. That an extension be requested for a maximum of 20 job maintenance units in segments of 10 job maintenance units.

SUBCHAPTER 8. FEES

12:51-8.1 Classifications; fees; and program requirements

Federal regulations require that payments for vocational rehabilitation services will be based on the reasonable cost of providing them. Reasonable cost will be defined and determined by the New Jersey Division of Vocational Rehabilitation Services and the New Jersey Commission for the Blind and Visually Impaired facilities staff.

12:51-8.2 Establishment and changes in fees

(a) A fee schedule consisting of an appropriate fee structure for each classification will be maintained by the N.J. Division of Vocational Rehabilitation which will provide reasonable compensation to the rehabilitation facilities for services provided.

(b) Each approved facility will be reviewed periodically by the facilities and audit staffs of NJDVR for the purpose of determining the appropriateness of their currently approved fees as they relate to the reasonable costs determined applicable to the facility's programs as defined in Chapter I Cost Principles Used to Determine Rehabilitation Facility Costs and Chapter II Cost

Analysis and Financial Review Procedures (effective July 1, 1981), and according to the following standards.

1. Quality of programs and services;
2. Degree of adherence to C.A.R.F. Standards and/or National Accreditation Council,
3. Standards for New Jersey Rehabilitation Facilities.

(c) The following C.A.R.F. Standards are of prime importance in this evaluation:

1. The purposes of a rehabilitation facility will be established and stated so as to govern the direction and character of its programs. Its operation shall be directed to the primary objective of fulfillment of its purposes.

2. The rehabilitation facility will be organized and administered so as to achieve its stated goals.

3. The rehabilitation facility will provide services essential to implement its programs. These services must be of high quality and effectively applied through its programs.

4. The rehabilitation facility staff will be competent, ethical and qualified to provide the services essential to the achievement of the facility's stated goals. It shall establish and maintain personnel policies which contribute to the effective functioning of its staff.

5. The rehabilitation facility will maintain accurate and complete records necessary to the conduct of its programs. It will prepare and distribute reports that demonstrate and interpret the level of fulfillment of its purposes.

6. The rehabilitation facility will manage its fiscal affairs consistent with the purposes of the organization in accordance with sound practices and legal requirements.

7. The rehabilitation facility will be designed, located, constructed, equipped and operated so as to promote the efficient, effective conduct of its programs and to protect the health and safety of persons served and staff.

8. The rehabilitation facility will actively participate in community planning, organizations and programs as they relate to rehabilitation, and shall conduct a public information program.

9. The facility will have an evaluation system to identify the results of facility services and the effect of the programs on individuals served in such a way that program performance can be improved and community support can be enhanced.

(e) Upon completion of this review, a determination will be made as to whether the currently approved fees for that facility's programs are appropriate/inappropriate.

(f) In the event that the total revenues earned from DVR for these programs are determined by this review and analysis to exceed the actual cost of these programs by more than 10 percent during the most recently completed or budget year, the total "excess revenues" will be treated as an unabsorbed cost for the fiscal year and carried-forward and added to the total cost for the following fiscal year. A cost analysis, including the roll-forward for these unabsorbed costs, will be completed for the following fiscal year. In the event the total DVR reviews exceed the actual program operating costs for the second fiscal year and the unabsorbed costs carried-forward from the preceding fiscal year, an appropriate revision of the fees for these programs will be considered and enforced upon approval by the Director of NJDVR at that time.

12:51-8.3 Procedure for program approval

(a) A facility that wishes to implement a new program on a "fee for service" basis should first discuss the proposed program with the manager and staff of the local office. It should be noted that their endorsement will have great significance on final disposition of their request.

(b) The next step would be to discuss the concept with the Facilities Specialist assigned to the area. The Facility Specialist should be used as a consultant in designing and detailing the program to be offered.

(c) Once the final proposal is completed in sufficient detail, a cost analysis should be prepared and a fee request made. These items should be attached to the Program Description and forwarded to the Facilities Specialist.

(d) The facilities Specialist will assemble the "Program Request Package," to include the detailed written comments of the Local Office Manager and their own written endorsement to the Facilities Research Utilization Specialist who will deliver the entire package to the Audit Staff who will prepare a recommendation on the Fee Request and present the package to the Chief of Administrative Services in conjunction with the Chief of Field Services for final approval.

12:51-8.4 Considerations for new program approval

(a) It should be noted that creation of new programs are not routine procedure. The program description must be detailed and should clearly show how the proposed program differs from existing previously approved programs.

(b) It is also important that a step-by-step outline be included showing various techniques and procedures, as well as goals that are expected.

(c) A final consideration should be time. A new program will take time to develop the description to process the approvals. Allow for this time in new program planning.

(d) No new programs will be approved where adequate descriptions do not exist for present programs.

12:51-8.5 Description of services for new program approval

(a) A written, narrative description of all the facility's programs, services and administrative procedures should be maintained and made available to interested parties. This description will also be submitted to D.V.R.S.

1. Services should be geared to the objective development of the client's maximum potential for employment in a competitive labor market or in a sheltered workshop if the client's needs are best served in such an environment.

i. To accomplish this, the following services should be provided:

(1) Medical, psychological, social, educational, and vocational evaluation at the time of intake. There will be a written criteria for procedures for admissions;

(2) The following kinds of services should be made available to clients, trainees, and employees: Vocational evaluation, work adjustment training, on-the-job training, skill training, placement and follow-up.

2. An internal system of Program Evaluation will be developed which offers continuous information about the quality of services provided and the results achieved by persons following their provision.

3. Programming of facility services for clients should be based upon professional evaluations of the individual's assets, needs, progress and vocational goal. A Facilities Rehabilitation Plan will be developed for each client and revised periodically; it will also be coordinated with the I.W.R.P. developed by the local DVR office.

4. Professional ethics will be maintained at all time with respect to confidentiality in the use of the client's records. It is recommended that a central comprehensive client record system be kept; i.e., all client's records be kept in a central location, and be controlled by a designated person.

i. These records should include the following:

- (1) First application blank;
- (2) Medical history;
- (3) Medical examination report and work precautions;
- (4) Social history and case information;
- (5) Psychological reports and/or psychiatric reports;
- (6) Evaluation reports, prognosis, and summary reports and Facilities Rehabilitation Plan;
- (7) Information on wages paid and written report on the discussions of wages with the client;
- (8) A summary description describing fully the reasons for non-acceptance or closure;
- (9) A written record of followup placement;
- (10) A continuous running record, updated monthly, of client activity.

5. A current client or worker manual, or handbook covering services available and personnel policies, regulations and benefits should be given to each client at the time of acceptance.

6. Each client in sheltered employment will be evaluated twice a year and appropriate modification will be made to their rehabilitation plan.

7. Records will be kept which reflect the productivity of each worker or client on a continuing basis.

8. The facility will have a carefully planned placement program for clients who are ready for employment in the competitive labor market including an adequate follow-up program.

9. The facility will periodically evaluate its total program its coordination with related rehabilitation programs in the community, the capacity of the facility for providing services needed in the community, follow-up of clients served, and the adequacy of the total program. Information derived from the facility's system of program evaluation should be utilized in this regard.

10. The written consent of the client, guardian and, if necessary, cooperating agencies should be obtained prior to the use of facility clientele for public relations and publicity purposes.

11. A facility should have a written grievance procedure for communication with clients, trainees, and employees, which facilitates receiving and hearing complaints and discussing problems of a general or specific nature.

12. All records of both client and facility pertaining to DVR sponsored clients will be made available to D.V.R.S. Facility Specialists and/or facility and auditors upon request.

SUBCHAPTER 9. STAFFING

12:51-9.1 Staffing requirements; procedures and qualifications

(a) In the process of developing maximum work capacity, a client or worker may require assistance with personal problems including, the development of vocational goals, his role as a worker, acceptance and adjustment to his disability and adequate interpersonal relationships and acceptance of supervision. The availability of competent licensed ethical and qualified professional disciplines of medicine, psychiatry, psychology, social work, vocational rehabilitation counseling, teaching, and a variety of therapies assures the effective use of the workshop for rehabilitation purposes in realizing the goal of employment of the handicapped for more effective living.

1. The Executive Director will maintain a functional organizational chart which is available at all times.

2. The following staff positions can be represented on the facility staff, depending upon the size of the client population and the proposed professional services program; the titles may vary from shop to shop:

- i. Vocational Rehabilitation Counselor;
- ii. Supervisor of Production (Production Manager, Operations Director);
- iii. Bookkeeper, accountant or comptroller;
- iv. Sales Manager;
- v. Contract Procurement Representative;
- vi. Public Relations Director;
- vii. Work Evaluator;
- viii. Personnel Manager;
- ix. Psychologist;
- x. Vocational Instructor,
- xi. Department Foreman;
- xii. Placement Specialist;
- xiii. Social Worker;
- xiv. Psychiatrist;
- xv. Registered Nurse;
- xvi. Medical Director or an M.D.;
- xvii. Mental Health Worker;
- xviii. Activity Coordinator;
- xix. Work Adjustment Specialist;
- xx. Occupational Therapist;
- xxi. Speech Therapist;
- xxii. Physical Therapist;
- xxiii. Auditory Specialist;
- xxiv. Secretaries;
- xxv. Clerks;
- xxvi. Maintenance Staff.

(b) The facility will provide a staff improvement program designed to encourage professional growth and development of the staff; e.g., University Training Programs. Part of this program should include attendance at

professional conferences each year pertaining to the work of the staff member, such as Association of Rehabilitation Facilities and State Association meetings and programs which are offered by Cornell University and the Institute for Crippled and Disabled (ICD).

(c) The staffing pattern of the facility will be based upon an endeavor to provide a program of services designed to fulfill the individual needs of the handicapped clients being served. Generally speaking, the professional and supervisory staff-client ratio should be at least 1 to 12. The staff referred to are those directly involved in services to the client. When dealing with the more severely handicapped, this ratio should be much less.

(d) Personnel policies, procedures and practices, and job descriptions must be stated in writing, a matter of official record, and given to all staff members. Such personnel codes should be reviewed annually.

(e) Staff meetings at which appropriate staff members are present will be held periodically (at least once every two weeks), and the minutes for every meeting will be kept on file and distributed for the use of the staff members involved.

(f) The Executive Director and the Board will conduct a periodic review of professional staff salary ranges.

(g) Evidence that the Director and Staff actively participate in interagency and community planning activities should be available.

(h) All staff members will have an annual written evaluation of their performance.

(i) Minimum qualifications for staff personnel are:

1. Executive Director:

i. He should possess a Bachelor's Degree and some of the college and university education should have included training in business administration, personnel management, the social sciences, or industrial engineering, or management.

ii. Three years of experience in an administrative capacity directing professional, technical or supervisory personnel should be a requirement. Graduate degree(s) may be substituted for 2 years experience.

iii. Experience as a staff member in a rehabilitation facility is desirable.

2. Supervisor of Production: The minimum requirements are a high school or technical school education or equivalency and supervisory experience in industrial production. Two years of college or equivalent education in a recognized program of technical training should also be required. Mechanical know-how and familiarity with production methods are essential, as is the ability to judge client potential, to supervise and lead. An understanding of the work-and-service pattern of the workshop and the ability to work within it are essential. A minimum of five years' full time paid employment in industry or in a sheltered workshop should be required of which at least two should be in a supervisory capacity.

3. Vocational Counselor: He should be a graduate from a four-year college or university with a degree in psychology, education, sociology or related field with one year of counseling or related experience.

4. Rehabilitation Counselor: He should possess a Master's Degree in vocational rehabilitation, or related fields. He should also meet the requirements for rehabilitation counselor for the New Jersey Division of Vocational Rehabilitation Services and possess or be working toward such as

Commission for Certification of Rehabilitation Counseling certification a by National Accrediting agency.

5. Bookkeeper: He should have a high school education or business school training in bookkeeping, accounting, etc. The ability to keep a complete set of books and prepare financial statements is necessary, as is knowledge of billing procedures, etc.

6. Sales Manager: He should be a high school graduate, preferably with emphasis on distributive education, or sales and sales management. Experience in salesmanship and the ability to supervise and inspire people.

7. Contract Procurement Manager: He should be a high school or technical school graduate plus four years of experience in the field of plant operations, marketing or sales.

8. Public Relations Director: He should be a college graduate with specialty in journalism, English, public relations, or related fields. Some experience in newspaper writing, public speaking. Some knowledge of the various media of communication and business education.

9. Vocational Evaluator: He should possess an undergraduate degree, with sufficient emphasis in the Rehabilitation area plus efforts to obtain additional training in the area of work evaluation which may include attendance at colleges and universities or training facilities. It is preferred that the candidate for the position have at least two years' experience in such areas as rehabilitation counseling, industrial arts, or occupational therapy. Other combinations of experience and education, such as in a workshop or industry and completion of specialized rehabilitation courses, especially those in work evaluation are also acceptable.

10. Psychologist: He should be licensed by the State of New Jersey as a psychologist.

11. Vocational Instructor: He should be accredited by the New Jersey State Department of Education, or qualified as a journeyman in his field and have one year experience in teaching a trade with teaching experience acceptable to the New Jersey Division of Vocational Rehabilitation Services.

12. Department Foreman: He should have a high school education in Industrial Arts or related field plus supervisory experience. The ability to understand, train and teach, as well as evaluate handicapped clients and trainees is necessary.

13. Director of Professional Services: He should possess a Master's Degree in vocational rehabilitation or related field plus at least one year of experience in an administrative capacity directing professional, technical, or supervisory personnel. Experience as a staff member in a rehabilitation facility should also be required.

14. Placement Specialist: It is advisable this person have at least two years' college training or an Associate in Arts Degree in the helping professions. He should have some experience in working with the disabled, especially in job placement. He must understand functional limitations imposed by a handicap. He must possess some knowledge of the demands of business and industry.

15. Social Worker: He should possess a Bachelor of Social Work degree plus one year of experience in public or private social work. An MSW degree with an ACSW is preferable in a large workshop.

16. Licensed Practical Nurse: He should be licensed in the State of New Jersey.

17. Medical Director: He should be licensed in the State of New Jersey, preferably with a specialty in physical medicine and rehabilitation.

18. Physical Therapist: He should be licensed by the State of New Jersey.

19. Occupational Therapist: He should be registered by the State of New Jersey.

20. Rehabilitation Counselor Aide: It is advisable this person have at least two years' college training or an Associate in Arts Degree in the helping professions. His duties will be that of assisting the Rehabilitation Counselor in many of the facets of his work and especially those involved with the socially and culturally disadvantaged.

21. Psychiatrist: He must be board certified.

22. Program Director (Psycho-Social): This individual will be responsible for the overall development implementation and maintenance of the psycho-social program. The Program Director may have direct service responsibility. A Masters Degree in vocational rehabilitation or a related field plus at least three years experience, one of which must be in an administrative capacity directing professional, technical or supervisory personnel. Experience in direct vocational service with psychiatrically disabled should be required.

23. Work Supervisor (Psycho-Social): He should possess a high school education or equivalent plus five years of work experience in occupational areas similar to those being offered at the facility. The individual will have a clear understanding of the demands and expectations in business and industry, particularly related to the occupational area supervised. Must understand the functional limitations imposed by a psychiatric handicap. Any combination of college or technical school may be substituted for experience on a year for year basis. College credits should be within the helping professions.

24. Employment Specialist (Psycho-Social): He should possess a Bachelor of Arts degree in human services or a related field plus two years experience in working with the disabled, particularly with individuals who have significant emotional problems. He must have an understanding of the functional limitations imposed by such a handicap, and must be familiar with the demands and expectations of business and industry. Experience in job placement should also be required.

SUBCHAPTER 10. REPORTING

12:51-10.1 Reporting

(a) It is the responsibility of the Division of Vocational Rehabilitation Services to monitor activity within Vocational Rehabilitation Facilities to insure both the quality of service and availability of service.

(b) In order to facilitate this process, the facility will file a quarterly report with DVRS within 21 days of the end of each quarter.

(c) DVRS keeps statistics based on the Federal fiscal year. This begins October 1, and ends on September 30. Therefore, for reporting purposes:

First Quarter	Oct. 1 - Dec. 31	Due Jan. 21
Second Quarter	Jan. 1 - March 31	Due April 21
Third Quarter	April 1 - June 30	Due July 21
Fourth Quarter	July 1 - Sept. 30	Due Oct. 21

(d) Grant reporting will generally be done on a quarterly basis. Provisions for reporting and due dates will be listed in the "Award Letter" for the grant.

SUBCHAPTER 11. PHYSICAL FACILITIES

12:51 11.1 Considerations

(a) The rehabilitation facility will be designed, located, constructed, and equipped so as to promote effective conduct of its program and to protect the safety of its clientele, staff, and equipment.

1. The facility will be located in a community convenient to main thoroughfares and public transportation and where there are adequate parking and eating facilities for clients and staff.

2. The site and size of the property and building, rented or purchased, will be adequate for the immediate program and contemplated expansion. It is suggested that there be a minimum footage of 100 square feet floor space, exclusive for storage space, but including aisles and passageways, for each client. All ceilings will be a minimum of nine feet in height. The architectural design of the building if being newly constructed will provide for maximum flexibility in adapting floor space and utilities to facilitate operations of the workshop.

3. Private offices, easily accessible, will be available for all administrative and professional staff members.

4. Spaces will be provided for lavatory facilities of adequate number, design, and construction to accommodate handicapped people and will be kept in a clean, orderly and sanitary manner.

5. Architectural barriers for handicapped clients must be eliminated. A plan for removal of all barriers will be developed and submitted to DVR, in accordance with NJAC 17:19A, as authorized by NJSA 52:32-1 and 52:32-5 as amended and supplemented. (N.J. Barrier Free Design Regulation.)

6. The facility will conform to all local, State and Federal codes, regulations, and standards with respect to health and safety. It shall have regular fire drills and an evacuation plan and require an annual inspection by the local Fire Control Agency.

7. The facility will use criteria similar to that used in industry in determining the type and amount of labor-saving tools, equipment and machinery to use in the facility unless there are clearly defined reasons for exceptions in dealing with specific groups or clients.

8. New construction and remodeling will be in keeping with present day industrial design and meet all building codes. An automatic fire alarm system should be required.

9. Equipment used in vocational evaluation will represent the type currently used in competitive industry and be based on client capabilities and opportunities in the labor market.

10. Suitable hospital and first-aid facilities will be readily available and at least one person who is trained in administering first-aid or other required client-related medical services will be available during all working hours.

11. All floors will be kept clean and dry and free of holes or projections which constitute a hazard.

12. The facility will have at least two exits, exclusive of ladders and elevators and as remote from each other as possible. It will also provide for

adequate lighting (no less than a 30 candle of illumination in work areas), proper storage of inflammable material or other supplies, unobstructed and marked aisles and passageways, and adequate safety inspection and enforcement of safety regulations.

(b) The standards in (a) above will apply as appropriate based on the type of program and activities required.

SUBCHAPTER 12. COMMUNITY RELATIONS

12:51-12.1 Program requirements

(a) The workshop will cooperate on a continuing basis with all other community agencies, the State Rehabilitation Facility Association, the New Jersey Psychiatric Rehabilitation Association, and appropriate State agencies, in defining the needs of handicapped individuals, providing services to meet those needs, and solving problems they have in common.

(b) The facility will have a well-planned public education program in which all forms of communication are utilized to encourage understanding, cooperation and financial assistance from other agencies, as well as, civic, religious, fraternal, business and industrial groups in the community.

(c) Fund-raising practices will comply with the State and local laws, ordinance and regulations.

(d) Every effort should be made to maintain liaison with the local labor unions.

(e) The facility will work closely with the local DVRS office and other referring agencies to establish and maintain a coordinated system of service delivery for all of its community's disabled.

(f) The facility will be responsible to the needs of the community.

(g) In the event of a lay-off of employees, either professional or extended, DVR must be notified immediately.

SUBCHAPTER 13. PROFESSIONAL ADVISORY COMMITTEE

12:51-13.1 Composition

(a) A Professional Advisory Committee is permanently established to periodically review these standards, to make any suggestions, and to provide any other assistance that may be helpful in carrying out these standards.

(b) The permanent Professional Advisory Committee will consist of the Chief of Rehabilitation Service, the Facilities Staffs of the Division of Vocational Rehabilitation and the State Commission for the Blind and Visually Impaired, the President of the New Jersey Association of Rehabilitation Facilities and representatives of the association.

12:51-13.2 Duties

(a) Other duties of this professional Advisory Committee will consist of the assistance in handling differences of opinion, grievances and/or problems which may arise between directors of rehabilitation facilities and any private or public agencies, including the New Jersey Division of Vocational Rehabilitation Services. Those involved in whatever dispute is being mediated will in all cases be invited to attend the advisory committee meeting.

(b) A report of these periodic meetings should be made available to members of the New Jersey Association of Rehabilitation Facilities and the New Jersey Division of Vocational Rehabilitation Services.

SUBCHAPTER 14. GRANTS

12:51-14.1 Availability

(a) The availability of grants monies is often difficult to determine. When specific grant monies are available the Division will publish this information and inform facilities of specific details for application.

(b) In the absence of specific information on availability of grant monies, facilities are encouraged to forward their request, via letters of intent, in reasonable detail, along with tentative budgets, to the facility specialist for their area. It would be advisable to discuss this material with the local DVRS office prior to submission.

12:51-14.2 Procedure

(a) The facility specialist will acknowledge receipt of the proposal and forward it to the Research Utilization Specialist who will maintain a file of proposals.

(b) The Research Utilization Specialist will, when appropriate, act as facilitator for those grant requests which show particular merit.

SUBCHAPTER 15. STATE PLAN

12:51-15.1 Procedure

(a) The New Jersey Division of Vocational Rehabilitation Services will maintain a State Rehabilitation Facilities Plan containing an inventory of rehabilitation facilities available within the State and a description of the utilization pattern of the facilities and their utilization potential. The inventory of rehabilitation facilities will include a determination of needs for new, expanded, or otherwise modified rehabilitation facilities or rehabilitation facility services, and a prioritized list of facility projects necessary to achieve short range State goals. This plan will be developed with the active participation of a representative group of providers and recipients of VR services and will be available to the public for review and inspection.

(b) Following an initial inquiry, the facilities unit will evaluate the need that is expressed and attempt to develop a program at an existing facility to meet that need.

(c) If these efforts fail, consideration will be given to the establishment of a new facility. It is not desired of DVRS to establish a excess of facilities. This approach would be costly and wasteful.

SUBCHAPTER 16. COOPERATIVE RELATIONSHIPS

12:51-16.1 Responsibilities

(a) It is expected that each facility will have an ongoing relationship with the local DVRS office. The Local Office manager will function as the focal point of that relationship and will be responsible to report to the appropriate facility specialist, after consultation with his District Supervisor.

(b) The facility specialist will work to maintain liaison with both the DVRS local office Manager and the facility staff.

(c) It shall be the Facility Director's responsibility to inform the DVRS Facility Specialist of any problems that cannot be corrected at the local level.

(d) All requests for modification of standards, policy and procedure, or grant assistance should be directed to the Facility Specialist after discussion with the Local Office Manager. It should be noted that discussion with the local DVRS Manager is advisable as his/her input will have a great deal to do with the outcome of any such request.

(e) All written requests to the DVRS Facilities Unit will be responded to in writing within 15 working days of its receipt. If a complete answer cannot be given, the reasons for any delays will be explained and a tentative date for resolution will be set.

(f) The role of all concerned is to provide timely, appropriate, and effective service to the disabled citizens of New Jersey. This concept will always govern all relationships.

SUBCHAPTER 17. PAYMENT AND ATTENDANCE POLICY

12:51-17.1 Procedure

(a) All DVR-7 forms issued for services in Rehabilitation Facilities will be authorized in terms of number of days of services. A starting date will be stated.

(b) The facility will provide the total number of days of services to each client according to the appropriately signed authorization allowing up to 10 percent absenteeism. Exceptions must be agreed to in writing between DVR counselors and the facility, or the facility will be responsible for the exceptions. Authorizations will be submitted for payment when the number of days of services indicated are provided - allowing for the 10 percent absenteeism and holidays.

(c) DVRS reserves the right to terminate any authorization by submitting, in writing, such a notification to the facility, giving them five days notice.

(d) It is the counselor's responsibility to maintain an awareness of the client's progress in the facility and it is the counselor's responsibility to terminate the program in the event of attendance problems severe enough to negate the value of the facility program.

(e) DVRS is interested in the evaluation of their clients from a competitive employment point of view. There are not, within the DVR context, excused absences. Clients whose attendance does not compare favorably with industrial norms should not be represented as having good attendance.

SUBCHAPTER 18. CARF ACCREDITATION

12:51-18.1 NJDVRS

(a) The New Jersey Division of Vocational Rehabilitation has developed, maintained, and applied its own standards for the accreditation of vocationally oriented rehabilitation facilities since 1968. These standards constitute the basis for this subchapter.

(b) The New Jersey standards document has proven to be an effective tool in measuring the quality and effectiveness of rehabilitation services being provided to VR clients.

(c) The NJDVR maintains a firm commitment to insure that quality, meaningful rehabilitation services will continue to be provided to the handicapped citizens of New Jersey. This commitment mandates that NJDVR:

1. Utilize an accreditation process that will enable the Agency to meet the ever changing demands of the rehabilitation movement;

2. Utilize the services of a nationally-recognized voluntary agency that has been established specifically for accreditation purposes, and operates independently of the institution it accredits; and

3. Utilize an accrediting body that meets the criteria as an acceptable accreditation authority that has been adopted by the Council of State Administrators of Vocational Rehabilitation (CSAVR).

(d) It is the decision of NJDVR that the Commission on Accreditation of Rehabilitation Facilities (CARF) meet the above criteria. Accordingly, the NJDVR has adopted the following policy regarding the accreditation of vocationally oriented rehabilitation facilities:

1. Effective July 1, 1978, CARF will be the recognized voluntary agency responsible for the accreditation of vocationally oriented rehabilitation facilities in New Jersey that provide rehabilitation services to the clients of the NJDVR and of the New Jersey Commission for the Blind and Visually Impaired.

- i. Classification "B" facilities approved for payment of survey fee by NJDVR must be surveyed and accredited prior to July, 1978, or must be surveyed by CARF and present satisfactory evidence to NJDVR of progress in corrective action to obtain accreditation.

- ii. Classification "B" facilities not approved for assistance for payment of survey fee at this time must be surveyed and approved by July 1, 1980 by CARF.

- iii. Classification "C" facilities must be surveyed and accredited by CARF by July 1, 1981.

(e) Rehabilitation Facilities established after July 1, 1978, who are providing services to clients of NJDVR will apply for accreditation and receive on site survey no later than the third year of operation from date of approval by NJDVR.

SUBCHAPTER 19. ELIGIBILITY FOR DVRS SERVICES

12:51-19.1 Client eligibility

(a) To be eligible for services from DVRS, an individual must meet the following criteria:

1. The existence of a disability;
2. A limitation created by the disability;
3. The existence of a substantial handicap to employment as a result of the limitation;

4. A reasonable expectation that an individual can engage in remunerative employment following the provision of services.

(b) Referrals are accepted from all sources and facilities are encouraged to refer individuals to DVRS who might benefit from services.

DIRECTOR OF REHABILITATION FACILITIES
and
INVENTORY OF SERVICES

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- I. Breakdown by County of Approved Rehabilitation Facilities.
- II. Alphabetical Listing of Approved NJDVRs Facilities
 - Traditional Vocational Rehabilitation Facilities
 - Psycho-Social Programs
 - Vocational Rehabilitation Medical Programs
- III. New Jersey Commission for the Blind and Visually Impaired
- IV. Independent Living Centers
- V. Physical Medicine Facilities
- VI. Work Activity Training Centers (WATC'S)

I. Breakdown by County of Approved Rehabilitation Facilities

BREAKDOWN BY COUNTY OF APPROVED REHABILITATION FACILITIES

ATLANTIC COUNTY:

Atlantic County Opportunity Center for the Handicapped
Betty Bacharach Rehabilitation Hospital
Comprehensive Rehabilitation Center

BERGEN COUNTY:

Associated Craftsmen, Inc./ Easter Seal Society
August H. Hoehne Rehabilitation Center
Friendship House
H.I.P.
Mid-Bergen Community Mental Health Center, Inc.

BURLINGTON COUNTY:

Burlington ARC
Delaware House
Occupational Training Center of Burlington County, Inc.

CAMDEN COUNTY:

Best Work Industries
Bancroft School
Camden County Occupational Training Center
Gateway
Goodwill Industries of Southern New Jersey
Our Lady of Lourdes Hospital

CAPE MAY COUNTY:

Jersey Cape Diagnostic Training and Opportunity Center, Inc.

CUMBERLAND COUNTY:

Cumberland County Guidance Center, Inc.
Cumberland Rehabilitation Center/Easter Seal Community Service
Seabrook House

ESSEX COUNTY:

Boland Rehabilitation and Training Center
Jewish Vocational Service (Opportunity Workshop)
Kessler Institute for Rehabilitation
Mt. Carmel Guild/Adult Partial Hospitalization Program
New Jersey Rehabilitation Hospital
Occupational Center of Essex County, Inc.
Prospect House
West Essex Rehabilitation Center

GLOUCESTER COUNTY:

Abilities Center of Southern New Jersey, Inc.
Bancroft Community
Community Mental Health Center for Gloucester County
St. John of God Community Services
Marvillie Alcoholism Rehabilitation Center

BREAKDOWN BY COUNTY OF
APPROVED REHABILITATION FACILITIES

HUDSON COUNTY:

Academy House
Goodwill Industries of New Jersey, Inc.
Jersey City Medical Center - Adult Partial Hospitalization Program
Mt. Carmel Guild, Jersey City
Mt. Carmel Guild Partial Hospitalization Program
Occupational Center of Hudson County, Inc.
West Hudson Council for the Handicapped Sheltered Workshop

HUNTERDON COUNTY:

Hunterdon Occupational Training Center, Inc.

MERCER COUNTY:

Association for Advancement of the Mentally Handicapped (AAMH)
Occupational Training Center of Mercer County
St. Lawrence Rehabilitation Center

MIDDLESEX COUNTY:

Cerebral Palsy Association
Raritan Valley Workshop/Easter Seal Society
Robert Wood Johnson, Jr. Rehabilitation Institute at JFK Hospital

MONMOUTH COUNTY:

Monmouth ARC
Monmouth Center for Vocational Rehabilitation
Pathways, Inc.
Renaissance - Riverview Hospital - East Wing
Work Opportunity Center of Monmouth County

MORRIS COUNTY:

Occupational Training Center for the Handicapped
St. Clare's Hospital - Day Mental Health Program

OCEAN COUNTY:

Ocean County Occupational Center/Easter Seal Society

PASSAIC COUNTY:

Bergen- Passaic ARC
D.I.A.L.
Harbor House - St. Joseph's Hospital
Joseph Feinman Vocational Center
Marian Center at St. Mary's Hospital
Straight and Narrow, Inc.

SALEM COUNTY:

Salem County Occupational Center

BREAKDOWN BY COUNTY OF
APPROVED REHABILITATION FACILITIES

SOMERSET COUNTY:

Somerset County Community Mental Health Center - A.R.I.S.E.
Vocational Industries of Somerset Area (VISA)

SUSSEX COUNTY:

Highlands Workshop/Easter Seal Society

UNION COUNTY:

Bridgeway House of Union County
Mt. Carmel Guild - Cranford, New Jersey
Occupational Center of Union County, Inc.
Union County Association for Retarded Citizens -- Thrift Shop

WARREN COUNTY:

Abilities of Northwest Jersey, Inc.

II. Alphabetical Listing of Approved NJDVRS Facilities

Traditional Vocational Rehabilitation Facilities

Psycho-Social Programs

Vocational Rehabilitation Medical Programs

NAME: ABILITIES OF NORTHWEST JERSEY. INC.

ADDRESS: 255 E. Washington Avenue, P.O. Box 251

CITY: Washington

ZIP CODE: 07882

COUNTY: Warren

EXECUTIVE DIRECTOR: Mr. Leonard W. Ruggia

PHONE: 201-689-1118

CONTACT PERSON:

Vendor Identification No.:V22205351800

x Traditional Vocational Rehabilitation Facility

Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

07/81

Work Adjustment

\$10.00

90

Length of Accreditation:

Job Seeking Skills

\$15.00

.5

1 year

SPANISH Speaking Staff:

YES: NO: X

DEAF LANGUAGE INTERPRETER:

YES: X NO:

NJDVRS Facility Specialist:

Ron Follette

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

ADDRESS: 297 Academy Street

CITY: Jersey City

ZIP CODE: 07306

COUNTY: Hudson

EXECUTIVE DIRECTOR: Mr. Edwin Klein

PHONE: 201-656-8656

CONTACT PERSON:

Vendor Identification No.: V22162346700

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program.

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Up To

Length (Days)

Up Tc

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$11.00

50

Work Adjustment

\$ 9.00

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: _____ NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowicki

Effective Date of Above Fees:

10/01/81

Reviewed by David P. Selby
Grants Manager

NAME: ASSOCIATED CRAFTSMEN, INC./EASTER SEAL SOCIETY

ADDRESS: 171 Atlantic Street

CITY: Hackensack

ZIP CODE: 07601

COUNTY: Bergen

EXECUTIVE DIRECTOR: Mr. James Seath

PHONE: 201-342-5739, 5740, 6397

CONTACT PERSON:

Vendor Identification No.: V22162326700

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem Length (Days)
Up To Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation	\$14.00	50
Work Adjustment	\$10.00	90
Homebound Evaluation	\$17.00	50
Homebound Work Adjustment	\$13.00	90
Job Seeking Skills	\$15.00	5
Office Skills*	\$12.00	60-180

07/81

Length of Accreditation:

3 years

SPANISH Speaking Staff:

YES: ☒ NO: ☐

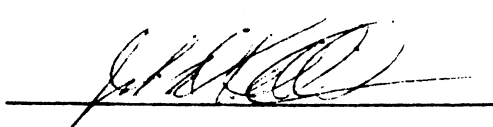
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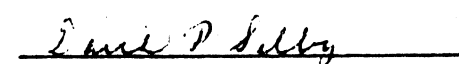
YES: ☒ NO: ☐

NJDVRS Facility Specialist

Mr. Carroll J. Mrowicki

(*May be extended at discretion of local office)


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: ASSOCIATION FOR ADVANCEMENT OF THE MENTALLY HANDICAPPED (AAMH)

ADDRESS: 145 Witherspoon Street

CITY: Princeton

ZIP CODE: 08540

COUNTY: Mercer

EXECUTIVE DIRECTOR: Ms. Anne Lachs

PHONE: 609-924-7174

CONTACT PERSON:

Vendor Identification No.: V22206074600

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$9.00

30-100

Work Adjustment

\$9.00

90-180

Length of Accreditation:

SPANISH Speaking Staff:

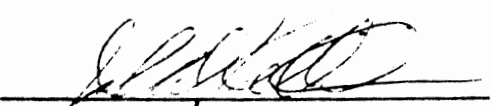
YES: NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO:

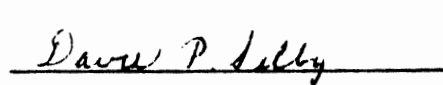
NJDVRS Facility Specialist:

Ms. Jane Eggimann


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: ATLANTIC COUNTY OPPORTUNITY CENTER FOR THE HANDICAPPED

ADDRESS: 350 West Delilah Road

CITY: Pleasantville

ZIP CODE: 08232

COUNTY: Atlantic

EXECUTIVE DIRECTOR: Mr. John Warwick

PHONE: 609-641-5160

CONTACT PERSON: Mr. Robert Taylor

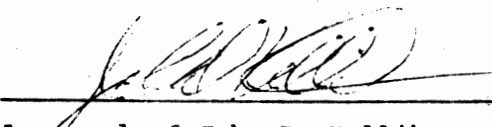
Vendor Identification No.: V23707317300

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

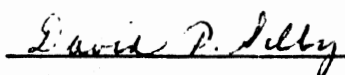
☐ Vocational Rehabilitation Medical Program

PROGRAMS	Per Diem Up To	Length (Days) Up To	C.A.R.F. Accreditation Effective Date:
Evaluation	\$14.00	50	07/81
Work Adjustment	\$10.00	90	Length of Accreditation:
Short Term Evaluation	\$20.00	5 (Max.)	3 years
Building Maintenance	\$11.00	130	SPANISH Speaking Staff:
Clerical Skills	\$12.00	90	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
Retail Skills*	\$12.00	60	DEAF LANGUAGE INTERPRETER:
(*No more than three (3) clients may be entered at one time without prior approval)			YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>
			NJDVRS Facility Specialist:
			Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: AUGUST H. HOEHNE REHABILITATION CENTER

ADDRESS: 30 Newman Street

CITY: Hackensack

ZIP CODE: 07601

COUNTY: Bergen

EXECUTIVE DIRECTOR: Mr. John Sutton

PHONE: 201-488-9300

CONTACT PERSON: _____

Vendor Identification No.: V22162025200/5400

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem</u> <u>Up To</u>	<u>Length (Days)</u> <u>Up To</u>	<u>C.A.R.F. Accreditation</u> <u>Effective Date:</u>
<u>Evaluation*</u>	<u>\$14.00</u>	<u>50</u>	<u>07/80</u>
<u>Work Adjustment*</u>	<u>\$10.00</u>	<u>90</u>	<u>Length of Accreditation:</u>
<u>Porter/Maintenance/Houskeeping</u>	<u>\$11.00</u>	<u>180</u>	<u>1 year</u>
_____	_____	_____	<u>SPANISH Speaking Staff:</u>
_____	_____	_____	<u>YES: X NO: _____</u>
_____	_____	_____	<u>DEAF LANGUAGE INTERPRETER:</u>
_____	_____	_____	<u>YES: X NO: _____</u>
_____	_____	_____	<u>NJDVRS Facility Specialist:</u>
_____	_____	_____	<u>Mr. Ron Follette</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

*Please Note: All DVR 7 forms should be mailed to the following address:

BERGEN/PASSAIC UNIT
NJARC
25 Broad Avenue
Palisades Park, NJ 07650
(201) 943-1500

John D. Kelliher
Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: BANCROFT COMMUNITY

ADDRESS: Rt. #581, Commissioners Pike

CITY: Mullica Hill

ZIP CODE: 08062

COUNTY: Gloucester

EXECUTIVE DIRECTOR:

PHONE: 609-769-1300

CONTACT PERSON:

Vendor Identification No.: V21067277000

X Traditional Vocational Rehabilitation Facility

Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

Up To

Up To

C.A.R.F. Accreditation

Effective Date:

07/80

Length of Accreditation:

3 years

SPANISH Speaking Staff:

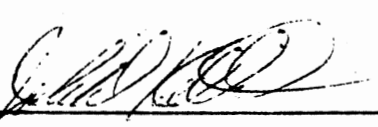
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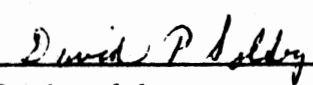
DEAF LANGUAGE INTERPRETER:

YES: X NO:

NJDVRS Facility Specialist

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: CAMDEN COUNTY OCCUPATIONAL TRAINING CENTER

ADDRESS: 215 W. White Horse Pike

CITY: Berlin

ZIP CODE: 08009

COUNTY: Camden

EXECUTIVE DIRECTOR: Mr. Joseph Scardelli

PHONE: 609-768-0845

CONTACT PERSON: Mr. John Thompson

Vendor Identification No.: V21071587400

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

10/79

Work Adjustment

\$10.00

90

Length of Accreditation:

3 years

SPANISH Speaking Staff:

YES: ☒ NO: ☐

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

NJDVRS Facility Specialist:

Mr. James Agre

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: COMMUNITY MENTAL HEALTH CENTER FOR GLOUCESTER COUNTY

ADDRESS: 404 Tatum Street

CITY: Woodbury

ZIP CODE: 08096

COUNTY: Gloucester

EXECUTIVE DIRECTOR: Mr. Michael Tolino

PHONE: 609-845-8050

CONTACT PERSON: Mr. Robert Coppolla

Vendor Identification No.: V21070096800

☐ Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work Adjustment

\$ 8.00

90

Length of Accreditation:

SPANISH Speaking Staff:

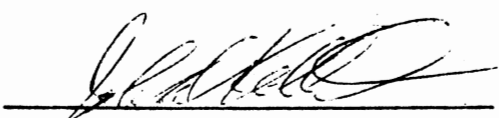
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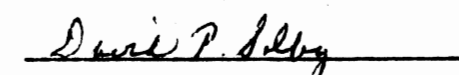
DEAF LANGUAGE INTERPRETER:

YES: _____ NO: X

NJDVRS Facility Specialist:

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: CUMBERLAND COUNTY GUIDANCE CENTER, INC.

ADDRESS: R.D. #1, Carmel Road, P.O. Box 808

CITY: Millville

ZIP CODE: 08332

COUNTY: Cumberland

EXECUTIVE DIRECTOR: Mr. H. Dieter Hovermann

PHONE: 609-825-6810

CONTACT PERSON: Mrs. Gladys Day

Vendor Identification No.: V21073369600

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work Adjustment

\$ 8.00

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: X NO:

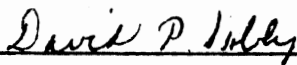
DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist



Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

CITY: <u>Vineland</u>	ZIP CODE: <u>08360</u>	COUNTY: <u>Cumberland</u>
EXECUTIVE DIRECTOR: <u>Mr. Paul C. Booker</u>	PHONE: <u>609-696-8770</u>	
CONTACT PERSON: <u>Mr. Daniel Kelly</u>	Vendor Identification No.: <u>V22150859106</u>	

X Traditional Vocational Rehabilitation Facility
 Psycho-Social Program
 Vocational Rehabilitation Medical Program

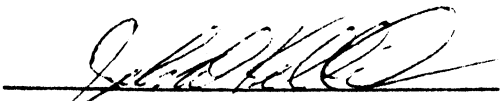

Approval of John D. Kelliher
Research Utilization Specialist


David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: DELAWARE HOUSE
ADDRESS: Wood and Pearl Street
CITY: Burlington ZIP CODE: 08016 COUNTY: Burlington
EXECUTIVE DIRECTOR: Mr. Frank Helverson PHONE: 609-386-1746
CONTACT PERSON: _____ Vendor Identification No.: V21063449401

☐ Traditional Vocational Rehabilitation Facility
☒ Psycho-Social Program
☐ Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem</u> <u>Up To</u>	<u>Length (Days)</u> <u>Up To</u>	<u>C.A.R.F. Accreditation</u> <u>Effective Date:</u>
<u>Evaluation</u>	<u>\$10.00</u>	<u>50</u>	_____
<u>Work Adjustment</u>	<u>\$ 8.00</u>	<u>90</u>	<u>Length of Accreditation:</u> _____
_____	_____	_____	<u>SPANISH Speaking Staff:</u> YES: _____ NO: <u>X</u>
_____	_____	_____	<u>DEAF LANGUAGE INTERPRETER:</u> YES: <u>X</u> NO: _____
_____	_____	_____	<u>NJDVRS Facility Specialist:</u> <u>Mr. Ron Follette</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:
10/01/81

NAME: EDISON SHELTERED WORKSHOP, INC.ADDRESS: 89 Tower RoadCITY: EdisonZIP CODE: 08820COUNTY: MiddlesexEXECUTIVE DIRECTOR: Ms. Henrietta LeePHONE: 201-549-4520

CONTACT PERSON: _____

Vendor Identification No.: _____

☒ Traditional Vocational Rehabilitation Facility☐ Psycho-Social Programs☐ Vocational Rehabilitation Medical Program:PROGRAMS AVAILABLE:Per Diem
Up ToLength (Days)
Up ToC.A.R.F. Accreditation
Effective Date:Work Adjustment Training\$ 7.0090

Length of Accreditation:

SPANISH Speaking Staff:

YES: _____ NO: Y

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: Y

NJDVRS Facility Specialist:

Ms. Jane EggimannApproval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

11/09/81Approval of David P. Selby
Grants Manager

NAME: FRIENDSHIP HOUSE
ADDRESS: 125 Atlantic Street

CITY: Hackensack	ZIP CODE: 07601	COUNTY: Bergen
EXECUTIVE DIRECTOR: Donald Springer, Ph.D.	PHONE: 201-488-2121	
CONTACT PERSON:	Vendor Identification No.: V22176659300	

Traditional Vocational Rehabilitation Facility
X Psycho-Social Programs
Vocational Rehabilitation Medical Program;

PROGRAMS AVIALABLE:

[illegible]

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$15.00

50

12/80

Work Adjustment

10.00

90

Length of Accreditation:

Custodial/Maintenance Training

11.00

180

1 year

Food Service Training

60

SPANISH Speaking Staff:

YES: _____ NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowicki

**Approval of John D. Kelliher
Research Utilization Specialist**

Effective Date of Above Fees:

01/04/82

Approval of David P. Selby
Grants Manager

CITY: Harrison

ZIP CODE: 07029

COUNTY: Hudson

EXECUTIVE DIRECTOR: Mr. Pex Davidson

PHONE: 201-481-2300

CONTACT PERSON: Ms. Doreen Cevalasco

Vendor Identification No.: V22149443800

X Traditional Vocational Rehabilitation Facility

Psycho-Social Programs

Vocational Rehabilitation Medical Programs

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

\$ 15.00

50

04/81

Work Adjustment

10.00

90

Length of Accreditation:

Office Skills

14.00

130

1 year

SPANISH Speaking Staff:

YES: NO: ^y

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

NJDVRS Facility Specialist:

Mr. Ron Follette

~~Approval of John D. Kelliher~~
~~Research Utilization Specialist~~

Effective Date of Above Fees:

01/04/82

Approval of David P. Selby
Grants Manager

NAME: HARBOR HOUSE - ST. JOSEPH'S HOSPITAL

ADDRESS: 703 Main Street

CITY: Paterson

ZIP CODE: 07503

COUNTY: Passaic

EXECUTIVE DIRECTOR: Mr. Mohammad Shafiq

PHONE: 201-977-2154

CONTACT PERSON: _____

Vendor Identification No.: V22148760201

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work Adjustment

\$ 8.00

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: X NO: _____

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: X

NJDVRS Facility Specialist:

Mr. Ron Follette

John D. Kelliher
Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: HIGHLANDS WORKSHOP

ADDRESS: 133 Main Street

CITY: Franklin

ZIP CODE: 07416

COUNTY: Sussex

EXECUTIVE DIRECTOR: Ms. Nancy Meola

PHONE: 201-827-9066

CONTACT PERSON:

Vendor Identification No.: V23700884700

- ☒ Traditional Vocational Rehabilitation Facility
☐ Psycho-Social Program
☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem Length (Days)
Up To Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation \$14.00 50

02/81

Work Adjustment \$10.00 90

Length of Accreditation:

Job Development Skills \$15.00 5

3 years

Singer Graflex \$17.00 15

SPANISH Speaking Staff:


YES: NO: ☒

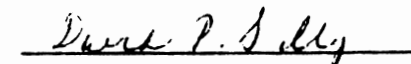
DEAF LANGUAGE INTERPRETER:

YES: NO: ☒

NJDVRS Facility Specialist

Mr. Ron Follette


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: HUNTERDON OCCUPATIONAL TRAINING CENTER, INC.

ADDRESS: Minneakoning Rd., P.O. Box 27, R.D. #6

CITY: Flemington

ZIP CODE: 08822

COUNTY: Hunterdon

EXECUTIVE DIRECTOR: Mr. Robert Snyder

PHONE: 201-782-1480

CONTACT PERSON: _____

Vendor Identification No.: V23705246600/1

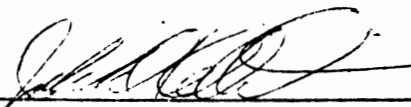
☒ Traditional Vocational Rehabilitation Facility

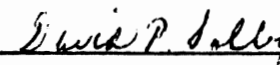
☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem Up To</u>	<u>Length (Days) Up To</u>	<u>C.A.R.F. Accreditation Effective Date:</u>
<u>Evaluation</u>	<u>\$14.00</u>	<u>50</u>	<u>05/81</u>
<u>Work Adjustment</u>	<u>\$10.00</u>	<u>90</u>	<u>Length of Accreditation:</u>
<u>Home Helper Aid</u>	<u>\$13.00</u>	<u>65-275</u>	<u>3 years</u>
<u>Retail Sales</u>	<u>\$13.00</u>	<u>65-260</u>	<u>SPANISH Speaking Staff:</u>
<u>Food Services</u>	<u>\$11.00</u>	<u>65-180</u>	<u>YES: _____ NO: <u>X</u></u>
<u>Clerical Skills</u>	<u>\$13.00</u>	<u>65-240</u>	<u>DEAF LANGUAGE INTERPRETER:</u>
<u>Horticulture</u>	<u>\$13.00</u>	<u>65-260</u>	<u>YES: <u>X</u> NO: _____</u>
<u>Building/Maintenance*</u>	<u>\$13.00</u>	<u>65-230</u>	<u>NJDVRS Facility Specialist:</u>
<u>Job Development Skills</u>	<u>\$15.00</u>	<u>5</u>	<u>Mr. Ron Follette</u>
<u>Shipping & Receiving</u>	<u>\$11.00</u>	<u>65-180</u>	
<u>Singer Graflex</u>	<u>\$17.00</u>	<u>15</u>	
<u>Mechanical Maintenance*</u>	<u>\$13.00</u>	<u>65-260</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

*Authorizing of clients in Building Maintenance and Mechanical Maintenance cannot exceed combined total of 260 days.


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

[illegible]

Mr. James Agre

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: JERSEY CITY MEDICAL CENTER - ADULT PARTIAL HOSPITALIZATION PROGRAM

ADDRESS: Baldwin Avenue

CITY: Jersey City

ZIP CODE: 07304

COUNTY: Hudson

EXECUTIVE DIRECTOR: A.J. Candela, M.D.

PHONE: 201-451-9705

CONTACT PERSON:

Vendor Identification No.: V22194829900

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work Adjustment

\$ 8.00

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: ☒ NO: ☐

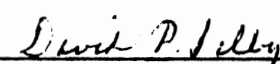
DEAF LANGUAGE INTERPRETER:

YES: ☐ NO: ☒

NJDVRS Facility Specialist

Mr. Carroll J. Mrowicki


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: JOSEPH FEINMAN VOCATIONAL CENTER

ADDRESS: 1 John Street

CITY: Haledon

ZIP CODE: 07522

COUNTY: Passaic

EXECUTIVE DIRECTOR: Mr. John Sutton

PHONE: 201-956-9363

CONTACT PERSON: _____ Vendor Identification No.: V22162025200/5400

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation*

\$14.00

50

06/81

Work Adjustment*

\$10.00

90

Length of Accreditation:

Porter/Maintenance/Houskeeping*

\$11.00

180

3 years

SPANISH Speaking Staff:

YES: _____ NO: X

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: X

NJDVRS Facility Specialist:

Mr. Ron Follette

*Please note mail DVR-7 forms to: Bergen-Passic Unit, NJARC, 25 Broad Ave., Palisades Park, NJ 07650 201-943-1500.

John D. Kelliher
Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: JEWISH VOCATIONAL SERVICE (OPPORTUNITY WORKSHOP)

ADDRESS: 111 Prospect St.

CITY: East Orange

ZIP CODE: 07017

COUNTY: Essex

EXECUTIVE DIRECTOR: Mr. Joseph L. Weinberg

PHONE: 201-674-6330

CONTACT PERSON:

Vendor Identification No.: V22148722900

x Traditional Vocational Rehabilitation Facility

Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

\$17.00

50

05/80

Work Adjustment

\$13.00

90

Length of Accreditation:

Singer Graflex

\$17.00

15

3 years

SPANISH Speaking Staff:

YES: NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: ^X

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowicki

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: KESSLER INSTITUTE FOR REHABILITATION

ADDRESS: Pleasant Valley Way

CITY: West Orange

ZIP CODE: 07052

COUNTY: Essex

EXECUTIVE DIRECTOR: Mr. Kenneth W. Aitchison

PHONE: 201-731-3600

CONTACT PERSON: Mr. Frank Jaron

Vendor Identification No.: V22149316100

☐ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☒ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem Length (Days)
Up To Up To

C.A.R.F. Accreditation
Effective Date:

Pre-vocational Evaluation

\$75.00

5

01/80

Driver Evaluation & Training

(See medical fee schedule
section IX-A)

Length of Accreditation:

3 years

Inpatient & Outpatient
Hospital Services

SPANISH Speaking Staff:

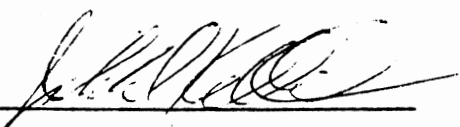
YES: ☒ NO: ☐

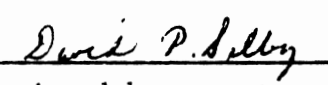
DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

NJDVRS Facility Specialist:

Mr. Alex Glebocki


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

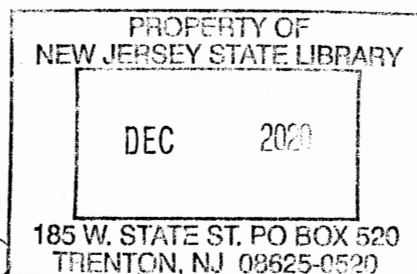
Effective Date of Above Fees:

10/01/81

CITY: Passaic ZIP CODE: 07055 COUNTY: Passaic
EXECUTIVE DIRECTOR: Mr. Jim Martin PHONE: 201-773-7904
CONTACT PERSON: Ms. Mary Meehan Vendor Identification No.: V22149444600

Traditional Vocational Rehabilitation Facility
x Psycho-Social Program
Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem Up To</u>	<u>Length (Days) Up To</u>	<u>C.A.R.F. Accreditation Effective Date:</u>
<u>Evaluation</u>	<u>\$10.00</u>	<u>50</u>	<u> </u>
<u>Work Adjustment</u>	<u>\$ 9.00</u>	<u>90</u>	<u>Length of Accreditation:</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u>SPANISH Speaking Staff:</u>
<u> </u>	<u> </u>	<u> </u>	<u>YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/></u>
<u> </u>	<u> </u>	<u> </u>	<u>DEAF LANGUAGE INTERPRETER:</u>
<u> </u>	<u> </u>	<u> </u>	<u>YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/></u>
<u> </u>	<u> </u>	<u> </u>	<u>NJDVRS Facility Specialist:</u>
<u> </u>	<u> </u>	<u> </u>	<u>Mr. Ron Follette</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>



Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:
10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: MARYVILLE ALCOHOLISM REHABILITATION CENTER

ADDRESS: R.D. #2, P.O. Box 340-C Grant Avenue

CITY: Williamstown

ZIP CODE: 08094

COUNTY: Gloucester

EXECUTIVE DIRECTOR: Ms. Jeanne C. Barber

PHONE: 609-629-0244

CONTACT PERSON:

Vendor Identification No.: V22186804200

☐ Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

\$30.00

28 (Max)

Length of Accreditation:

SPANISH Speaking Staff:

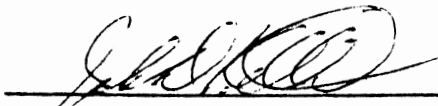
YES: _____ NO: X

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: X

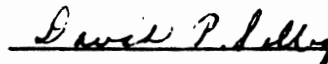
NJDVRS Facility Specialist:

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: MID-BERGEN COMMUNITY MENTAL HEALTH CENTER, INC.

ADDRESS: 11 Park Place

CITY: Paramus

ZIP CODE: 07652

COUNTY: Bergen

EXECUTIVE DIRECTOR:

PHONE: 201-265-8200

CONTACT PERSON: Ms. Phyllis Hancock

Vendor Identification No.: V22218165400

☐ Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work-Adjustment

\$ 9.00

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: ☒ NO: ☐

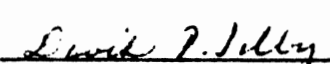
DEAF LANGUAGE INTERPRETER:

YES: ☐ NO: ☒

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowcki


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: MONMOUTH CENTER FOR VOCATIONAL REHABILITATION

ADDRESS: 134 Pearl Street

CITY: Red Bank

ZIP CODE: 07701

COUNTY: Monmouth

EXECUTIVE DIRECTOR: Mr. Peter Scoles

PHONE: 201-741-2061

CONTACT PERSON:

Vendor Identification No.: V21068913400

X Traditional Vocational Rehabilitation Facility

 Psycho-Social Program

 Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Effective Date:

Evaluation

\$14.00

50

07/79

Work Adjustment

\$10.00

90

Length of Accreditation:

3 years

Clerical

\$13.00

6.5-240

Singer Graflex

\$17.00

15

SPANISH Speaking Staff:

YES: _____ NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialis :

Ms. Jane Eggimann

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: MT. CARMEL GUILD

ADDRESS: 108 Alden Street

CITY: Cranford

ZIP CODE: 07016

COUNTY: Union

EXECUTIVE DIRECTOR: Mr. Benedict Martorana

PHONE: 201-272-8910

CONTACT PERSON: Mr. James McCreath

Vendor Identification No.: V22158556500

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$11.00

50

Work Adjustment

\$ 9.00

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: X

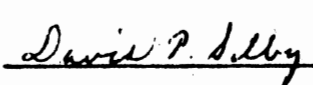
NJDVRS Facility Specialist:

Ms. Jane Eggimann


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: MT. CARMEL GUILD

ADDRESS: 249 Virginia Avenue

CITY: Jersey City

ZIP CODE: 07304

COUNTY: Hudson

EXECUTIVE DIRECTOR: Mr. Frank Grassi

PHONE: 201-332-4365

CONTACT PERSON: Ms. Margaret Murta

Vendor Identification No.: V22158556500

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$11.00

50

Work Adjustment

\$ 9.00

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: X NO:

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowicki

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: MT. CARMEL GUILD ADULT PARTIAL HOSPITALIZATION PROGRAM

ADDRESS: 17 Mulberry Street

CITY: Newark

ZIP CODE: 07102

COUNTY: Essex

EXECUTIVE DIRECTOR: Mr. Carlos Pratt

PHONE: 201-624-2405

CONTACT PERSON:

Vendor Identification No.: V22158556500

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

\$11.00

50

Work Adjustment

\$ 9.00

50

Length of Accreditation:

SPANISH Speaking Staff:

YES: X NO:

DEAF LANGUAGE INTERPRETER:

YES: X NO:

NJDVRS Facility Specialist:

Mr. Carroll J. Mrowicki

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: MT. CARMEL GUILD PARTIAL HOSPITALIZATION PROGRAM

ADDRESS: 3201 Central Avenue

CITY: Union City

ZIP CODE: 07087

COUNTY: Hudson

EXECUTIVE DIRECTOR: Ms. Hannah Simon

PHONE: 201-864-0270

CONTACT PERSON:

Vendor Identification No.: V22158556500

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$10.00

50

Work Adjustment

\$ 8.00

90

Length of Accreditation:

SPANISH Speaking Staff:

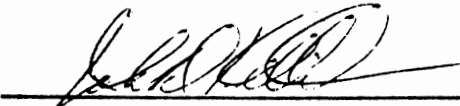
YES: ☒ NO: ☐

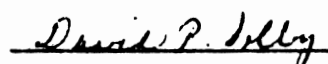
DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

NJDVRS Facility Specialist

Mr. Carroll J. Mrowicki


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: NEW JERSEY REHABILITATION HOSPITAL

ADDRESS: 240 Central Avenue

CITY: East Orange

ZIP CODE: 07018

COUNTY: Essex

EXECUTIVE DIRECTOR: Mr. Stanley Shepard

PHONE: 201-673-1860

CONTACT PERSON: Ms. Kathy Lewis

Vendor Identification No.: V22186840500

Traditional Vocational Rehabilitation Facility

Psycho-Social Program

X Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Pre-Vocational Evaluation

\$50.00

10

10/80

Driver Evaluation & Training

"See Medical Fee Schedule
Section IX-A"

Length of Accreditation:

3 years

Inpatient & Out patient

Hospital Services

SPANISH Speaking Staff:

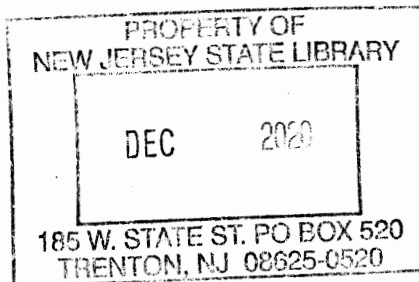
YES: NO: X

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Mr. Alex Glebocki



~~Approval~~ of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: OCCUPATIONAL CENTER OF ESSEX COUNTY, INC.

ADDRESS: 391 A Lakeside Avenue

CITY: Orange

ZIP CODE: 07050

COUNTY: Essex

EXECUTIVE DIRECTOR: Mr. Rocco Meola

PHONE: 201-672-5800

CONTACT PERSON: _____


Vendor Identification No.: V22155490900

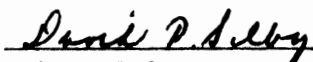
☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS	Per Diem Up To	Length (Days) Up To	C.A.R.F. Accreditation Effective Date:
<u>Evaluation</u>	<u>\$14.00</u>	<u>50</u>	<u>5/81</u>
<u>Work Adjustment</u>	<u>\$10.00</u>	<u>90</u>	Length of Accreditation:
<u>Singer Graflex</u>	<u>\$17.00</u>	<u>15</u>	<u>3 years</u>
_____	_____	_____	SPANISH Speaking Staff: •
_____	_____	_____	YES: _____ NO: <u>X</u>
_____	_____	_____	DEAF LANGUAGE INTERPRETER:
_____	_____	_____	YES: _____ NO: <u>X</u>
_____	_____	_____	NJDVRS Facility Specialist:
_____	_____	_____	<u>Mr. Carroll J. Mrowicki</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: OCCUPATIONAL CENTER OF HUDSON COUNTY, INC.

ADDRESS: 780 Montgomery Street

CITY: Jersey City

ZIP CODE: 07306

COUNTY: Hudson

EXECUTIVE DIRECTOR: Ms. Maureen Walliser

PHONE: 201-432-5959; 6367

CONTACT PERSON:

Vendor Identification No.: V22162914700

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

06/80

Work Adjustment

\$10.00

90

Length of Accreditation:

Job Seeking Skills

\$15.00

5

3 years

Singer Graflex

\$17.00

15

SPANISH Speaking Staff:

YES: ☒ NO: ☐

DEAF LANGUAGE INTERPRETER:

YES: ☐ NO: ☒

NJDVRS Facility Specialist:

Mr. Ron Follette

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

Reviewed by David P. Selby
Grants Manager

NAME: OCCUPATIONAL TRAINING CENTER FOR THE HANDICAPPED

ADDRESS: 10 Ridgedale Avenue

CITY: Cedar Knolls

ZIP CODE: 07927

COUNTY: Morris

EXECUTIVE DIRECTOR: Mr. Michael Manley

PHONE: 201-538-8822; 8808

CONTACT PERSON:

Vendor Identification No.: V22161274100

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

05/81

Work Adjustment

\$10.00

90

Length of Accreditation:

3 years

SPANISH Speaking Staff:


YES: NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: NO: ☒


NJDVRS Facility Specialist:

Mr. Ron Follette


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: OCCUPATIONAL TRAINING CENTER OF BURLINGTON COUNTY, INC.

ADDRESS: Woodlane Rd., P.O. Box 1129-B

CITY: Mount Holly

ZIP CODE: 08060

COUNTY: Burlington

EXECUTIVE DIRECTOR: Mr. Joseph Bender

PHONE: 609-267-6677

CONTACT PERSON: Mr. Jeff Haines

Vendor Identification No.: V22173536000

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

12/79

Work Adjustment

\$10.00

90

Length of Accreditation:

3 years

SPANISH Speaking Staff:

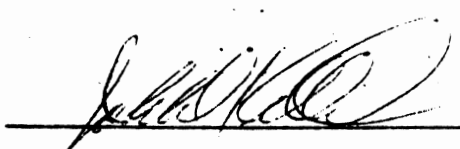
YES: _____ NO: ☒

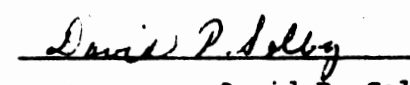
DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: _____

NJDVRS Facility Specialist

Mr. Ron Follette


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: OCCUPATIONAL TRAINING CENTER OF MERCER COUNTY

ADDRESS: 1015 Fairmount Avenue

CITY: Trenton

ZIP CODE: 08629

COUNTY: Mercer

EXECUTIVE DIRECTOR: Mr. John Horan

PHONE: 609-393-2483

CONTACT PERSON:

Vendor Identification No.: V21072633500

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

07/81

Work Adjustment

\$10.00

90

Length of Accreditation:

Custodial Training

\$11.00

180

3 years

SPANISH Speaking Staff:

YES: X NO:

DEAF LANGUAGE INTERPRETER:

YES: X NO:

NJDVRS Facility Specialist:

Ms. Jane Eggimann

Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: OCEAN COUNTY OCCUPATIONAL CENTER/EASTER SEAL SOCIETY

ADDRESS: 166 Main Street

CITY: Lakewood

ZIP CODE: 08701

COUNTY: Ocean

EXECUTIVE DIRECTOR: Mr. James Osborne

PHONE: 201-363-6677

CONTACT PERSON:

Vendor Identification No.: V22150859104

 X Traditional Vocational Rehabilitation Facility
 Psycho-Social Program
 Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

06/80

Work Adjustment

\$10.00

90

Length of Accreditation:

Woodwork

\$11.00

130

3 years

Building/Maintenance

\$11.00

90

SPANISH Speaking Staff:

Warehousing

\$11.00

110

YES: x NO:

Job Seeking Skills

\$15.00

5

DEAF LANGUAGE INTERPRETER:

YES: X NO:

NJDVRS Facility Specialist

Ms. Jane Eggimann

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: PATHWAYS, INC.

ADDRESS: 85 Second Avenue

CITY: Long Branch

ZIP CODE: 07740

COUNTY: Monmouth

EXECUTIVE DIRECTOR: Mr. Robert G. Hodnett, M.S.W.

PHONE: 201-222-5440

CONTACT PERSON:

Vendor Identification No.: V21063342700

Traditional Vocational Rehabilitation Facility

☒ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

None

Work Adjustment

\$ 5.00

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: ☒ NO: ☐

DEAF LANGUAGE INTERPRETER:

YES: ☐ NO: ☒

NJDVRS Facility Specialist:

Ms. Jane Eggimann

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

Reviewed by David P. Selby
Grants Manager

NAME: PROSPECT HOUSE

ADDRESS: 424 Main Street

CITY: East Orange

ZIP CODE: 07018

COUNTY: Essex

EXECUTIVE DIRECTOR: Mrs. Florence Strindberg

PHONE: 201-674-8067

CONTACT PERSON: _____

Vendor Identification No.: V22606668400

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14.00

50

Work Adjustment

\$10.00

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: _____ NO: X

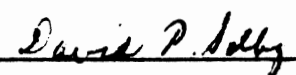
DEAF LANGUAGE INTERPRETER:

YES: _____ NO: X

NJDVRS Facility Specialist

Mr. Carroll J. Mrowicki


Approval of John D. Kelliher
Research Utilization Specialist


Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: RARITAN VALLEY WORKSHOP/EASTER SEAL SOCIETY

ADDRESS: 9 Terminal Road

CITY: New Brunswick

ZIP CODE: 08902

COUNTY: Middlesex

EXECUTIVE DIRECTOR: Mr. Brian Fitzgerald

PHONE: 201-828-8080

CONTACT PERSON:

Vendor Identification No.: V22150859100/9102

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Evaluation

\$14.00

50

01/80

Work Adjustment

\$10.00

90

Length of Accreditation:

Warehouse Person

\$11.00

180

3 years

Job Seeking Skills

\$15.00

5

SPANISH Speaking Staff:

Specialized Evaluation*

\$45.00
per day

1

YES: ☒ NO: ☐

Singer Graflex

\$17.00

15

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

NJDVRS Facility Specialist:

Ms. Jane Eggimann

*Additional Specialized Evaluation may be authorized at \$20.00 per day up to five (5) days.

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

NAME: RENAISSANCE -RIVERVIEW HOSPITAL - EAST WING

ADDRESS: 35 Union St.

CITY: Red Bank

ZIP CODE: 07701

COUNTY: Monmouth

EXECUTIVE DIRECTOR: Ms. Susan Kohnstam

PHONE: 201-741-2700 ext. 466

CONTACT PERSON: _____

Vendor Identification No.: V23188144300

Traditional Vocational Rehabilitation Facility

☒ Psych-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$8

50

Work Adjustment

\$7

90

Length of Accreditation:

SPANISH Speaking Staff:


YES: _____ NO: x

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: x

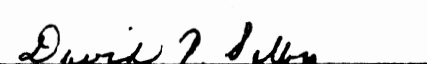
NJDVRS Facility Specialist

Ms. Jane Eggimann


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

[illegible]

Mr. Alex Glebocki

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: ST. CLARE'S HOSPITAL - DAY MENTAL HEALTH PROGRAM

ADDRESS: Pocono Road

CITY: Denville

ZIP CODE: 07834

COUNTY: Morris

EXECUTIVE DIRECTOR: Ms. Kathleen C. Nelson

PHONE: 201-627-3000 ext. 6330

CONTACT PERSON: _____

Vendor Identification No.: V22153964400

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem

Length (Days)

Up To

Up To

C.A.R.F. Accreditation

Effective Date:

Evaluation

\$10

50

Work Adjustment

\$8

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: x NO: _____

DEAF LANGUAGE INTERPRETER:

YES: x NO: _____

NJDVRS Facility Specialist:

Mr. Ron Follette

John D. Kelliher
Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees: _____

10/01/81

NAME: ST. JOHN OF GOD COMMUNITY SERVICES

ADDRESS: 532 Delsea Drive

CITY: Westville Grove

ZIP CODE: 08093

COUNTY: Gloucester

EXECUTIVE DIRECTOR: Ms. Muncie Buckalew

PHONE: 609-848-4700

CONTACT PERSON: Ms. Susan Spies, Prof. Voc. Spe Vendor Identification No.: V22185551101

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation \$14 50

05/81

Work Adjustment \$10 90

Length of Accreditation:

Food Services \$12 180

3 yrs.

Nurses Aide \$12 180

SPANISH Speaking Staff:

Clerical \$12 180


YES: _____ NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: _____

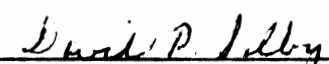
NJDVRS Facility Specialist:

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81


Reviewed by David P. Selby
Grants Manager

NAME: SALEM COUNTY OCCUPATIONAL CENTER

ADDRESS: Salem-Woodstown Road, Rt. #45, P.O. Box 5

CITY: Salem

ZIP CODE: 08079 COUNTY: Salem

EXECUTIVE DIRECTOR: Mr. John R. Gallagher

PHONE: 609-935-3600

CONTACT PERSON: Mrs. Shirley Evans

Vendor Identification No.: V22189937800

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14

50

9/81

Work Adjustment

\$10

90

Length of Accreditation:

1 yr.

SPANISH Speaking Staff:

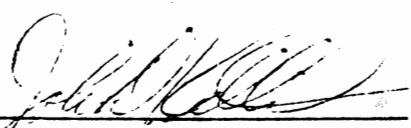
YES: NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: ☐

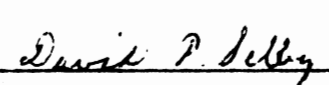
NJDVRS Facility Specialist:

Mr. James Agre


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/12/81


Reviewed by David P. Selby
Grants Manager

NAME: SEABROOK HOUSE
 ADDRESS: P.O. Box 55
 CITY: Seabrook ZIP CODE: 08302 COUNTY: Cumberland
 EXECUTIVE DIRECTOR: Mr. Jerome J. Diehl PHONE: 609-455-7575
 CONTACT PERSON: _____ Vendor Identification No.: V23729376000

Traditional Vocational Rehabilitation Facility
X Psycho-Social Program
Vocational Rehabilitation Medical Program

PROGRAMS	Per Diem Up To	Length (Days) Up To	C.A.R.F. Accreditation Effective Date:
Evaluation	\$50	28 (Max)	_____
_____	_____	_____	Length of Accreditation: _____
_____	_____	_____	SPANISH Speaking Staff:
_____	_____	_____	YES: <u>x</u> NO: _____
_____	_____	_____	DEAF LANGUAGE INTERPRETER:
_____	_____	_____	YES: _____ NO: <u>x</u>
_____	_____	_____	NJDVRS Facility Specialist:
_____	_____	_____	Mr. James Agre _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

[Signature]
 Approval of John D. Kelliher
 Research Utilization Specialist

David P. Selby
 Reviewed by David P. Selby
 Grants Manager

Effective Date of Above Fees:
10/01/81

NAME: SOMERSET COUNTY COMMUNITY MENTAL HEALTH CENTER/A.R.I.S.E.

ADDRESS: 22 North Bridge St.

CITY: Somerville

ZIP CODE: 08876

COUNTY: Somerset

EXECUTIVE DIRECTOR: Mr. Joseph M. DelSordi

PHONE: 201-725-2800, Ext. 32

CONTACT PERSON: _____

Vendor Identification No.: V22600247202

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem</u>	<u>Length (Days)</u>	<u>C.A.R.F. Accreditation</u> <u>Effective Date:</u>
	<u>Up To</u>	<u>Up To</u>	
<u>Evaluation</u>	<u>\$10</u>	<u>\$50</u>	_____
<u>Work Adjustment</u>	<u>\$8</u>	<u>\$90</u>	<u>Length of Accreditation:</u> _____
_____	_____	_____	<u>SPANISH Speaking Staff:</u> YES: _____ NO: <u>x</u>
_____	_____	_____	<u>DEAF LANGUAGE INTERPRETER:</u> YES: _____ NO: <u>x</u>
_____	_____	_____	<u>NJDVRS Facility Specialist:</u> <u>Jane Eggimann</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

John D. Kelliher
Approval of John D. Kelliher
Research Utilization Specialist

David P. Selby
Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

ADDRESS: 396 Straight Street

CITY: Paterson

ZIP CODE: 07501

COUNTY: Passaic

EXECUTIVE DIRECTOR: Father Norman O'Connor

PHONE: 201-345-6000

CONTACT PERSON: Father Daniel Florea

Vendor Identification No.: V22601227700

Traditional Vocational Rehabilitation Facility

X Psycho-Social Program

Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.P. Accreditation
Effective Date:

Carpentry

\$11

180

Upholstry

\$11

180

Length of Accreditation:

Food Service

\$11

180

Clerical

..\$11

180

SPANISH Speaking Staff:

YES: ☒ NO: ☐

DEAF LANGUAGE INTERPRETER

YES: NO: X

NJDVRS Facility Specialist

Mr. Ron Follette

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81.

CITY: Stratford

ZIP CODE: 08084

COUNTY : Camden

EXECUTIVE DIRECTOR: Donald K. Duffy, Ph.D.

PHONE: 609-346-1800

CONTACT PERSON:

Vendor Identification No.:

Traditional Vocational Rehabilitation Facility

X Psycho-Social Programs

Vocational Rehabilitation Medical Programs:

Per Diem

Length (Days)

C.A.R.F. Accreditation

Up To

Up To

Effective Date:

Vocational Readiness Assessement

10

Rehabilitation Diagnosis

50

Length of Accreditation:

Vocational Development Training

110*

Transitional Work Experience

40-80*

SPANISH Speaking Staff:

Job Maintenance

22-42 "UNITS"

YES: **NO:**

DEAF LANGUAGE INTERPRETER:

YES: **NO:**

NJDVRS Facility Specialist:

Mr. James Agre

~~Approval of John D. Kelliher~~
~~Research Utilization Specialist~~

Approval of David P. Selby
Grants Manager

Effective Date of Above Fees:

01/04/82

NAME: UNION COUNTY ASSOCIATION FOR RETARDED CITIZENS - THRIFT SHOP
ADDRESS: 1220 South Avenue

CITY: Plainfield	ZIP CODE: 07062	COUNTY: Union
EXECUTIVE DIRECTOR: Mr. Richard Olsen	PHONE: 201-754-2323	
CONTACT PERSON:	Vendor Identification No.: V22168676400	

x Traditional Vocational Rehabilitation Facility
 Psycho-Social Program
 Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem Up To</u>	<u>Length (Days) Up To</u>	<u>C.A.R.F. Accreditation Effective Date:</u>
Evaluation	\$14.00	50	05/79

<u>Work Adjustment</u>	<u>\$10.00</u>	<u>90</u>	Length of Accreditation:
			3 years

SPANISH Speaking Staff:

YES: X NO:

DEAF LANGUAGE INTERPRETER:

YES: NO: X

NJDVRS Facility Specialist:

Ms. Jane Eggimann

~~Approval~~ of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

David P. Selby
Reviewed by David P. Selby
Grants Manager

NAME: VOCATIONAL INDUSTRIES OF SOMERSET AREA (VISA)

ADDRESS: 306 N. Adamsville Rd. P.O. Box 6256

CITY: Bridgewater

ZIP CODE: 08807

COUNTY: Somerset

EXECUTIVE DIRECTOR: Jeffrey Mandell, Ph.D.

PHONE: 201-685-0300

CONTACT PERSON:

Vendor Identification No.: V22150859105

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14

50

08/79

Work Adjustment

\$10

90

Length of Accreditation:

Job Seeking Skills

\$15

5

3 years

Housekeeping/Custodial

None

105

SPANISH Speaking Staff:

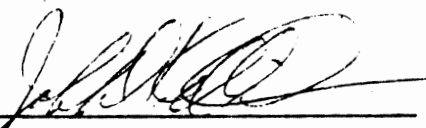
YES: _____ NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO: _____

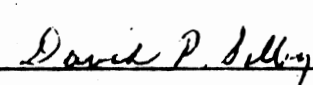
NJDVRS Facility Specialist:

Ms. Jane Eggimann


Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

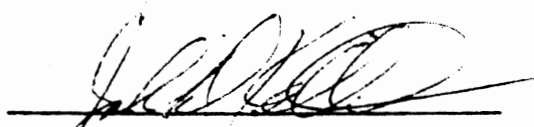
10/01/81

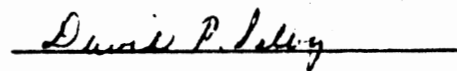

Reviewed by David P. Selby
Grants Manager

NAME: WEST ESSEX REHABILITATION CENTER
 ADDRESS: 83 C Walnut Street, P.O. Box 114
 CITY: Montclair ZIP CODE: 07042 COUNTY: Essex
 EXECUTIVE DIRECTOR: Mr. Eugene Stefanelli PHONE: 201-744-7733
 CONTACT PERSON: _____ Vendor Identification No.: V22167135800

☒ Traditional Vocational Rehabilitation Facility
☐ Psycho-Social Program
☐ Vocational Rehabilitation Medical Program

<u>PROGRAMS</u>	<u>Per Diem Up To</u>	<u>Length (Days) Up To</u>	<u>C.A.R.F. Accreditation Effective Date:</u>
Evaluation	\$11	50	_____
Work Adjustment	\$9	90	Length of Accreditation: _____
_____	_____	_____	_____
_____	_____	_____	SPANISH Speaking Staff: _____
_____	_____	_____	YES: <u>X</u> NO: _____
_____	_____	_____	DEAF LANGUAGE INTERPRETER: _____
_____	_____	_____	YES: <u>X</u> NO: _____
_____	_____	_____	NJDVRS Facility Specialist: _____
_____	_____	_____	Mr. <u>Carroll J. Mrowicki</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____


 Approval of John D. Kelliher
 Research Utilization Specialist


 Reviewed by David P. Selby
 Grants Manager

Effective Date of Above Fees:
10/01/81

NAME: WEST HUDSON COUNCIL FOR THE HANDICAPPED SHELTERED WORKSHOP

ADDRESS: 450 Schuyler Ave.

CITY: Kearny

ZIP CODE: 07032

COUNTY: Hudson

EXECUTIVE DIRECTOR: Mr. Teddy Cohen

PHONE: 201-997-6155

CONTACT PERSON:

Vendor Identification No.: V222169927

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$9

50

Work Adjustment

\$7

90

Length of Accreditation:

SPANISH Speaking Staff:

YES: NO: ☒

DEAF LANGUAGE INTERPRETER:

YES: ☒ NO:

NJDVRS Facility Specialist:

Mr. Ron Follette

Approval of John D. Kelliher
Research Utilization Specialist

Effective Date of Above Fees:

10/01/81

Reviewed by David P. Selby
Grants Manager

NAME: WORK OPPORTUNITY CENTER OF MONMOUTH COUNTY

ADDRESS: 274 Broadway

CITY: Long Branch

ZIP CODE: 07740

COUNTY: Monmouth

EXECUTIVE DIRECTOR: Mr. Bruce Koenigsberg

PHONE: 201-229-4414; 4415

CONTACT PERSON: _____

Vendor Identification No.: V21065702201/2200

☒ Traditional Vocational Rehabilitation Facility

☐ Psycho-Social Program

☐ Vocational Rehabilitation Medical Program

PROGRAMS

Per Diem
Up To

Length (Days)
Up To

C.A.R.F. Accreditation
Effective Date:

Evaluation

\$14

50

10/81

Work Adjustment

\$10

90

Length of Accreditation:

3 yrs.

SPANISH Speaking Staff:

YES: _____ NO: x

DEAF LANGUAGE INTERPRETER:

YES: _____ NO: x

NJDVRS Facility Specialist:

Ms. Jane Eggimann

Approval of John D. Kelliher
Research Utilization Specialist

Reviewed by David P. Selby
Grants Manager

Effective Date of Above Fees:

10/01/81

III. New Jersey Commission for the Blind and Visually Impaired

NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

Best Work Industries

209 Highland Avenue

Westmont, New Jersey 08108

Camden County

Mr. James Varsaci

Shop Manager

PHONE: (609) 854-3388; 3393

IV. Independent Living Centers

INDEPENDENT LIVING CENTERS
NJDVRS CONTACT PERSON: John Ellis, NJDVRS Assistant Chief,
Independent Living Program Development

COMPREHENSIVE REHABILITATION CENTER

1601 Atlantic Avenue
Atlantic City, NJ
Atlantic County
Mr. Bill Carlos, Director
Phone: (609) 348-5551

The Comprehensive Rehabilitation Center of Atlantic County is a subgrantee from DVRS under Section 305 of the Rehabilitation Act. It is a unique effort by the county, state and at least 55 other community organizations to improve the accessibility and utilization of services to that county's disabled. One major service component is a flexible transportation service. These services include: financial counseling and advocacy, housing advocacy, recreation and counseling in concert with DVR regarding community and vocational adjustment.

DIAL

234 Parker Avenue
Clifton, NJ 07011
Passaic County
Mr. Gordon Anthony, Director
Phone: (201) 472-5540

DIAL is a "sub-grantee" from DVRS under Title VII, Part B: Centers for Independent Living. It is a community based, consumer operated "Berkley" model center providing a variety of services to facilitate independent living for severely disabled clients.

HIP

44 Armory Street
Engelwood, NJ
Bergen County
Ms. Eileen Goff, Director
Phone: (201) 568-0817

HIP is a sub-grantee from DVRS under Title VII, Part B: Centers for Independent Living. It is an adjunct project of the Social Service Federation in Englewood, Bergen County. It provides a variety of services to severely disabled in Bergen County with special emphasis on independent living services for the blind and visually impaired.

V. Physical Medicine Facilities

PHYSICAL MEDICINE FACILITIES

NJDVRS CONTACT PERSON: Medical Director

BETTY BACHARACH REHABILITATION HOSPITAL

Jim Leeds Road
Pomona, NJ 08240
609-652-7000

ATLANTIC COUNTY

Dr. Fred Schwing
Medical Director

OUR LADY OF LOURDES HOSPITAL

THE REGIONAL REHABILITATION CENTER OF SOUTHERN NEW JERSEY

1600 Haddon Avenue
Camden, New Jersey 08103
609-757-3879

CAMDEN COUNTY

Dr. Emery Stoner
Chief of Physical Medicine and Rehabilitation

ST. LAWRENCE REHABILITATION CENTER

P.O. Box 6367
Lawrenceville, NJ 08648
609-896-9500

MERCER COUNTY

Percy L. Miller, M.D.
Director of Rehabilitation Medicine

VI. Work Activity Training Centers (WATC'S)

WORK ACTIVITY TRAINING CENTERS (WATC)

NJDVRS CONTACT PERSON: Alex Glebocki, Facility Specialist

The Work Activity Training Center Program (WATC) is a work-oriented habilitation program administered by DVR appropriate to the needs of severely disabled individuals whose physical or mental impairment severely limits their productive capacity. WATC is a Title XX funded program open to developmentally disabled adults whose work skills are below sheltered workshop levels but who show greater vocational potential than adults in lower level programs such as Adult Activities. Utilizing a combination of work, education, social interaction, and recreational activities in a controlled environment the WATC program assists developmentally disabled adults in progressing toward independent living in a productive, vocational status. Referrals to the WATC program should be made directly to the local WATC facility.

ATLANTIC COUNTY OPPORTUNITY CENTER FOR THE HANDICAPPED, INC.

R.D. #3, Box 143
350 West Delilah Road
Pleasantville, NJ 08232
PHONE: 609-641-5160

ATLANTIC COUNTY

Mr. John Warwick, Executive Director
Ms. Candice Goodman, WATC Director

BERGEN/PASSAIC ARC

One John Street
Haledon, NJ 07508
PHONE: 201-956-9363

PASSAIC COUNTY

Mr. Dick Bonelli, Executive Director
Mr. John Sutton, WATC Director

BURLINGTON ARC

1011 Deacon Road P.O. Box 506
Hainesport, NJ 08036
PHONE: 609-267-5453

BURLINGTON COUNTY

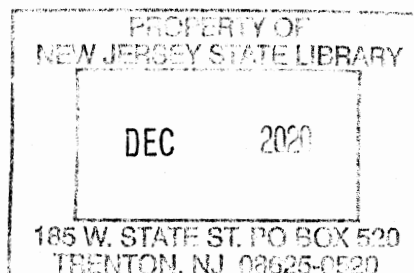
Ms. Mary Jane Ward, Executive Director
Mr. Jeff Schroeder, WATC Director

CEREBRAL PALSY ASSOCIATION

Roosevelt Park
Edison, NJ 08817
PHONE: 201-549-5580

MIDDLESEX COUNTY

Mr. Nick Ursino, Executive Director
Ms. Carin Mercurio, WATC Director



WORK ACTIVITY TRAINING CENTERS (WATC)

NJDVRS CONTACT PERSON: Alex Glebocki, Facility Specialist

MONMOUTH ARC

630 Broad Street

P.O. Box 377

Shrewsbury, NJ 07701

PHONE: 201-747-2928

MONMOUTH COUNTY

Mr. John J. Donoghue, Executive Director

Mr. Ronald Martin, WATC Director

RARITAN VALLEY WORKSHOP

9 Terminal Road

New Brunswick, NJ 08902

PHONE: 201-828-8080

MIDDLESEX COUNTY

Mr. Brian Fitzgerald, Executive Director

Ms. Margaret Peraldo, WATC Director

SOMERSET ARC

P.O. Box 382

203 South Main Street

Manville, NJ 08835

PHONE: 201-725-8544

SOMERSET COUNTY

Ms. Joan Sapienza, Executive Director

Ms. Mary June, WATC Director

UNITED CEREBRAL PALSY LEAGUE OF UNION COUNTY

373 Clermont Terrace

P.O. Box 896

Union, NJ 07083

PHONE: 201-354-5800

UNION COUNTY

Mr. David Stelkoman, Executive Director

Ms. Mary Beth Hilditch, WATC Director

