

# Questionnaire: Long-Term Supported Employment (LTSE) Clinical

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1. *Employer:*

2. *Employer Type:*

(Please select one.)

- Community Rehabilitation Provider (CRP)
- Non-Provider Business
- Self Employed
- Temp Agency (Non-Provider)
- Not currently employed

3. *Client's Position:*

4. *What is the client hourly wage?*

5. *Date LOCUS Completed:*

6. *LOCUS Composite Score:*

7. *LOCUS Level of Care:*

(Please select one.)

- 1    2
- 3    4
- 5    6

8. *LOCUS Rater ID#:*

9. *Name and credentials of who completed the LOCUS assessment:*

10. *Is this a competitive employment position as defined by Maine OAMHS MH- LTSE Policy?*  
(Please select one.)

- Yes
- No

11. *How long has your client been working at this position?*

12. *Does your client have plans to change jobs?*  
(Please select one.)

- Yes
- No

13. *Is client receiving any job development support in addition to MH-LTSE?*  
(Please select one.)

- Yes
- No

**If you answered "Yes" on question 13**

13.1.1. *Please explain who is providing it and why:*

14. *What are the material and substantial duties of this client's job?*

15. *What does LTSE support do to help this client?*

16. *How many hours a month is the client working?*

17. *How many hours of MH-LTSE job support are you providing client per week?*

18. *Does the amount of LTSE support equate to more than 25% of the client's actual work hours?*

(Please select one.)

Yes

No

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