

## Disability Maintenance Instrument Proforma

The Disability Maintenance Instrument (DMI) determines the employment maintenance funding level your outlet will receive for this worker. Please complete the DMI in accordance with the requirements as given in the Operational Guidelines for Disability Employment Assistance services. Refer to the Guidelines for Completing the Disability Maintenance Instrument for detailed instructions for undertaking the assessment and completing the form.

Assessors should consider the worker's abilities and assistance needs across ALL domains and items and complete the form accordingly. You are asked to rate the level of assistance provided for each item. Any kind of assistance that has been provided to the worker in any of the assessment domains should be indicated.

The DMI cannot be finalised on FOFMS until the questions in all nine domains have been answered and the DMI certification completed.

**Australian Disability Enterprise Name:**

**Activity Id:**

**Supported Employee Name:**

**Case Id:**

**Case Worker:**

**DMI Assessment Due Date:**

Always keep evidence records that an auditor can check, unless no assistance from this Disability Enterprise is selected for all items. Evidence sources may include references to case note/progress note entries, observation sheets, incident forms, other assessments, work experience reports, and letters from specialists. You are required to keep a copy of all evidence used in the submission of a DMI on your files for audit purposes.

**DMI Certification**

Please complete the following certification.

<b>Domain</b>	<b>#</b>	<b>Question</b>	<b>Answer</b>
Certification	0 A)	The client is currently working and has been employed with your outlet for a minimum of 8 hours per week for 13 weeks	Please Select
Certification	0 B)	An Employment Assistance Plan has been jointly developed and agreed between your outlet and job seeker	Please Select
Certification	0 C)	The worker agrees that the work they have done meets the goals in their Employment Assistance Plan	Please Select
Certification	0 D)	To the best of your knowledge, the details entered on this form are true and correct	Please Select
Certification	0 E)	The worker's disability related support requirements have been reviewed	Please Select
Certification	0 F)	What is the reason for this DMI Reassessment	Please Select
Certification	TR	What is the reasonable one way travel time by car between the Organisation and the Client in hours?	Please Select

## Social and Behavioural Assistance

Based on the assistance provided or funded by your Disability Enterprise, select the rating category that best fits this worker's assistance requirements for each item, a) through to k), in the table below. What level of assistance has this Disability Enterprise provided to enable the worker to:

Domain	#	Question	Answer
Social and Behavioural	1 A)	Maintain friendly and cooperative relationships with fellow workers	Please Select
Social and Behavioural	1 B)	Greet and interact with people confidently	Please Select
Social and Behavioural	1 C)	Behave in a manner that is appropriate to the work environment	Please Select
Social and Behavioural	1 D)	Control anger and frustration appropriately	Please Select
Social and Behavioural	1 E)	Cope with work-related or employment preparation-related stress and pressure appropriately	Please Select
Social and Behavioural	1 F)	Maintain a positive outlook and mood most of the time	Please Select
Social and Behavioural	1 G)	Manage fear or anxiety about work issues	Please Select
Social and Behavioural	1 H)	Display emotions appropriate to the situation	Please Select
Social and Behavioural	1 I)	Cope with change in the work environment	Please Select
Social and Behavioural	1 J)	Address attitudinal barriers e.g. difficulty in dealing with authority figures, difficulty in accepting direction	Please Select
Social and Behavioural	1 K)	Maintain personal hygiene, grooming and dress appropriate to the work or training environments	Please Select

### **DEFINITIONS FOR RATING CATEGORIES**

**No assistance provided** - Worker consistently achieved this with no prompts, training, counselling or other support

**Some assistance provided** - Worker required up to three or four prompts, reminders, counselling, additional training sessions, or other support

**Moderate level of assistance provided** - On average, worker required weekly prompts, reminders, counselling or training sessions, or other support

**High level of assistance provided** - Worker required frequent (e.g. daily) prompting, reminders, counselling, training, or other support

## Cognitive Assistance

Based on the assistance provided or funded by your Disability Enterprise, select the rating category that best fits this worker's assistance requirements for each item, a) through to i), in the table below. What level of assistance has this Disability Enterprise provided to enable the worker to:

Domain	#	Question	Answer
Cognitive	2 A)	Learn complex tasks (e.g. involving three or more steps) relevant to their current job after being shown or instructed in the task once or twice	Please Select
Cognitive	2 B)	Learn simple tasks (e.g. involving one or two steps) relevant to their current job after being shown or instructed in the task once or twice	Please Select
Cognitive	2 C)	Solve problems and make decisions appropriate to current work role	Please Select
Cognitive	2 D)	Understand and follow complex new instructions (e.g. involving three or more steps)	Please Select
Cognitive	2 E)	Understand and follow simple new instructions (e.g. involving one or two simple steps)	Please Select
Cognitive	2 F)	Remember tasks or instructions for the remainder of the work/training day after being shown or told	Please Select
Cognitive	2 G)	Remember tasks or instructions several days after being shown or told	Please Select
Cognitive	2 H)	Concentrate on tasks without being distracted	Please Select
Cognitive	2 I)	Plan and organize work tasks	Please Select

### **DEFINITIONS FOR RATING CATEGORIES**

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**Some assistance provided** - Worker required up to three or four prompts, reminders, counselling, additional training sessions, or other support

**Moderate level of assistance provided** - On average, worker required weekly prompts, reminders, counselling or training sessions, or other support

**High level of assistance provided** - Worker required frequent (e.g. daily) prompting, reminders, counselling, training, or other support

## Vocational Assistance

Based on the assistance provided or funded by your Disability Enterprise, select the rating category that best fits this worker's assistance requirements for each item, a) through to q), in the table below. What level of assistance has this Disability Enterprise provided to enable the worker to:

Domain	#	Question	Answer
Vocational	3 A)	Undertake the full range of tasks required for current job	Please Select
Vocational	3 B)	Understand the basic requirements of employment (e.g. attending work, reporting to supervisor, complying with instructions)	Please Select
Vocational	3 C)	Demonstrate a level of work productivity and work quality acceptable in the workplace (including under supported wages system)	Please Select
Vocational	3 D)	Work on task under the usual supervisory conditions for at least 30 minutes	Please Select
Vocational	3 E)	Work on task under the usual supervisory conditions for at least 1 hour	Please Select
Vocational	3 F)	Understand time and be punctual in starting and finishing work and scheduled breaks	Please Select
Vocational	3 G)	Respond appropriately to instructions from work/work preparation supervisor	Please Select
Vocational	3 H)	Use initiative appropriately in the workplace (e.g. to initiate work tasks, move on to the next step, etc.)	Please Select
Vocational	3 I)	Ask for assistance appropriately if required	Please Select
Vocational	3 J)	Comply with safety requirements in the workplace or work preparation setting	Please Select
Vocational	3 K)	Attend at least 95% of work or work preparation sessions	Please Select
Vocational	3 L)	Give appropriate notification of any absences (e.g. due to sickness)	Please Select
Vocational	3 M)	Contact employer by telephone	Please Select
Vocational	3 N)	Adapt to environmental conditions in the workplace (e.g. noise, heat, cold, humidity)	Please Select
Vocational	3 O)	Travel to and from work independently (e.g. travel training or assisting with transport bookings)	Please Select
Vocational	3 P)	Develop awareness and acceptance of own abilities and limitations in work activities and employment goals	Please Select
Vocational	3 Q)	Be motivated and enthusiastic about current employment	Please Select

### **DEFINITIONS FOR RATING CATEGORIES**

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**Some assistance provided** - Worker required up to three or four prompts, reminders, counselling, additional training sessions, or other support

**Moderate level of assistance provided** - On average, worker required weekly prompts, reminders, counselling or training sessions, or other support

**High level of assistance provided** - Worker required frequent (e.g. daily) prompting, reminders, counselling, training, or other support

### Physical Assistance and Personal Care

Based on the assistance provided or funded by your Disability Enterprise, select the rating category that best fits this worker's assistance requirements for each item, a) through to m), in the table below. What level of assistance has this Disability Enterprise provided to enable the worker to:

Domain	#	Question	Answer
Physical	4 A)	Manipulate objects and complete fine motor tasks (e.g tasks involving dexterity of fingers) relevant to work placement	Please Select
Physical	4 B)	Move objects around and complete gross motor tasks (e.g. tasks involving movement and coordination of arms and/or legs)	Please Select
Physical	4 C)	Lift and move objects in accordance with the requirements of work placement and within safety limits	Please Select
Physical	4 D)	Move around the workplace or training environment freely and safely	Please Select
Physical	4 E)	Set up and arrange own work environment, equipment and materials	Please Select
Physical	4 F)	Maintain required work pace without tiring	Please Select
Physical	4 G)	See clearly to perform work-related activities (when wearing contact lenses or glasses if these are normally worn)	Please Select
Physical	4 H)	Attend to toileting and personal hygiene needs	Please Select
Physical	4 I)	Prepare and consume drinks and food at work or work preparation setting	Please Select
Physical	4 J)	Manage own medication while at work	Please Select
Physical	4 K)	Maintain personal comfort and pressure area care (if unable to walk)	Please Select
Physical	4 L)	Manage pain associated with physical injury or illness	Please Select
Physical	4 M)	Transfer between wheelchair and other seating and/or load and unload from wheelchair transport	Please Select

### **DEFINITIONS FOR RATING CATEGORIES**

**No assistance provided** - Worker consistently achieved this with no prompts, training, counselling or other support

**Some assistance provided** - Worker required up to three or four prompts, reminders, counselling, additional training sessions, or other support

**Moderate level of assistance provided** - On average, worker required weekly prompts, reminders, counselling or training sessions, or other support

**High level of assistance provided** - Worker required frequent (e.g. daily) prompting, reminders, counselling, training, or other support

**Communication Abilities**

Based on observations and assessment, select the rating category that best fits this worker's communication abilities for each item a) through d) below.

Domain	#	Question	Answer
Communication A	5 A)	Understanding Language	Please select
Communication A	5 B)	Expressive Language	Please select
Communication A	5 C)	Speaks Another Language - This worker speaks a language other than English and	Please Select
Communication A	5 D)	Hearing	Please Select
Communication B	5 E 1)	Other Language Use Issues - Has echolalic speech (i.e. repeats what others say), rushed speech (i.e. talks rapidly) or speaks continuously	Please Select
Communication B	5 E 2)	Other Language Use Issues - Has speech that is disorganized, lacks meaning or doesn't make sense to the listener	Please Select
Communication B	5 E 3)	Other Language Use Issues - Is reluctant to speak in work-related situations	Please Select
Communication B	5 E 4)	Other Language Use Issues - Uses offensive language at least once per week in the work or work preparation setting	Please Select
Communication B	5 F)	Language Used in the Workplace - This person's main language (e.g spoken English, another spoken language, or sign language) is used routinely by:	Please Select

**Communication Definitions:**

Abilities associated with using and understanding language (spoken, signed or other communication), including hearing, comprehension, speech/expressive language, use of a language other than English, appropriate use of language, and language used in the workplace.

**Work Environment Assistance**

Which of the following types of assistance has your Disability Enterprise provided or funded for this worker?

Domain	#	Question	Answer
Work Environment	6 A)	Workplace assessment (e.g. assessment of worksites for physical accessibility and/or modification requirements)	Please Select
Work Environment	6 B)	Negotiating and arranging modifications to the workplace environment (e.g. building modifications, ramps)	Please Select
Work Environment	6 C)	Job modification or redesign to match the capabilities of the worker	Please Select
Work Environment	6 D)	Selection and procurement of adaptive equipment or technology	Please Select
Work Environment	6 E)	Training the worker in the use of adaptive equipment or technology	Please Select
Work Environment	6 F)	Training co-workers in the use of adaptive equipment or technology	Please Select
Work Environment	6 G)	Supporting co-workers to adjust to the worker's abilities and workplace support needs	Please Select
Work Environment	6 H)	Supporting the employer to accommodate the worker's abilities and workplace support needs	Please Select

**Work Environment Definition:**

Assistance provided in assessing or modifying the workplace, job redesign, selection of adaptive equipment, training the supported employee and co-workers in the use of adaptive equipment or technology, and supporting co-workers and employers to adjust to and accommodate the supported employee's abilities and workplace support needs.



**Special Assistance**

Has this worker required any of the following types of special assistance in the workplace or preparation setting:

Domain	#	Question	Answer
Special	7 A)	Physical intervention by Disability Enterprise staff to prevent injury to self or others (e.g. due to aggression or self-injurious behaviour)	Please Select
Special	7 B)	Non-physical intervention by Disability Enterprise staff to prevent injury to self or others (e.g. verbal intervention, behaviour management strategies)	Please Select
Special	7 C)	First aid treatment for episodic conditions such as epilepsy or asthma or incidents such as falls or other immediate threats to health	Please Select
Special	7 D)	Counselling or other intervention for severe mental health-related episodes such as severe stress, anxiety, panic attack, delusions or suicidal threat	Please Select
Special	7 E)	Counselling for less acute issues such as grief, behavioural issues	Please Select

**Special Assistance Definition:**

Additional assistance or support that may be required by some people. For example, physical or non-physical intervention to prevent injury to self or others, first aid treatment for medical conditions such as epilepsy or asthma, and counselling or other interventions for mental health-related episodes.

**Other Assistance**

Which of the following types of other assistance has your Disability Enterprise provided or funded?

Domain	#	Question	Answer
Other	8 A)	Advising or counselling the worker's family regarding the worker's employment-related issues	Please Select
Other	8 B)	Assisting the worker with employment-related matters involving other agencies (e.g. declaring income to Centrelink)	Please Select
Other	8 C)	Liaising with other agencies and treating professionals regarding the worker's disability, medical or psychiatric condition	Please Select
Other	8 D)	Providing recognized vocational training (i.e training towards a recognized vocational certificate or New Apprenticeship)	Please Select
Other	8 E)	Transporting the worker to and from work, training or other employment-related appointments	Please Select
Other	8 F)	Interpreter assistance for interviews and/or work orientation (e.g. sign language interpreter or other language interpreter)	Please Select
Other	8 G)	English language and/or literacy training for the worker	Please Select
Other	8 H)	Assisting the worker with career planning, development and progression	Please Select

**Other Assistance Definition:**

Other assistance provided such as advising or counselling the supported employee's family, assisting the supported employee in matters involving other agencies such as Centrelink, liaising with other agencies and treating professionals, transporting the supported employee to and from work, interpreter assistance, English language or literacy training.

<b>Variable Assistance</b>			
<b>Domain</b>	<b>#</b>	<b>Question</b>	<b>Answer</b>
Variable	9 A)	Based on your assessment, observations and other evidence collected have this worker's assistance needs been:	Please Select
Variable	9 B)	Have the fluctuations in this worker's assistance needs been:	Please Select
Variable	9 C)	Is there any evidence within the past two years, that this worker has an episodic condition (e.g. psychiatric illness) or deteriorating condition (e.g. multiple sclerosis)?	Please Select
<b><u>Variable Assistance Definition:</u></b> Identifies the size and frequency of fluctuations or variations in the supported employee's assistance needs and any evidence that the supported employee has an episodic or deteriorating condition.			

**Evidence Sources**

Always keep evidence records that an auditor can check, unless no assistance from the particular domain is selected for all items. Evidence sources may include references to case note/progress note entries, observation sheets, incident forms, other assessments, work experience reports, letters from specialists, etc. Simply write the name and brief description of the document, date of document/entry and where it can be found (e.g. 'Progress Notes', 1 January 2008, in job seeker's case file). Please indicate the kind of evidence that you have for each domain. You are required to keep a copy of all evidence used in the submission of a DMI on your files for audit purposes.

<b>Domain</b>	<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Location</b>
Evidence	10 A)	Do you have Evidence Sources for the Certification domain?	Please Select	Please Select
Evidence	10 B)	Do you have Evidence Sources for the Social and Behavioural domain	Please Select	Please Select
Evidence	10 C)	Do you have Evidence Sources for the Cognitive domain?	Please Select	Please Select
Evidence	10 D)	Do you have Evidence Sources for the Vocational domain?	Please Select	Please Select
Evidence	10 E)	Do you have Evidence Sources for the Physical domain?	Please Select	Please Select
Evidence	10 F)	Do you have Evidence Sources for the Communication A domain?	Please Select	Please Select
Evidence	10 G)	Do you have Evidence Sources for the Communication B domain?	Please Select	Please Select
Evidence	10 H)	Do you have Evidence Sources for the Work Environment domain?	Please Select	Please Select
Evidence	10 I)	Do you have Evidence Sources for the Special domain?	Please Select	Please Select
Evidence	10 J)	Do you have Evidence Sources for the Other domain?	Please Select	Please Select
Evidence	10 K)	Do you have Evidence Sources for the Variable domain?	Please Select	Please Select

## **Additional Case Notes**

Please enter any additional comments or observations you have noted in regards to this supported employee in the text box below: