



THE NEW JERSEY

State

As A

Model

Employer of Individuals

with Disabilities

PROGRAM

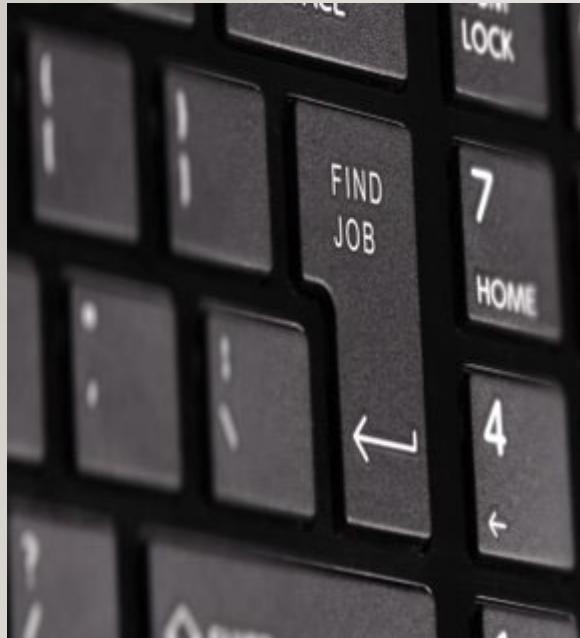
WHAT IS THE SAME PROGRAM?

- P.L. 2021, Chapter 465 and P.L. 2021, Chapter 466 require the Division of EEO/AA to develop and implement a State as a Model Employer of People with Disabilities (SAME) program (effective May 1, 2022)
- Goal is to increase the representation of persons with self-identified disabilities in the State workforce.
- The EEO/AA officer of each State agency shall oversee the SAME program for that State agency

SAME PROGRAM

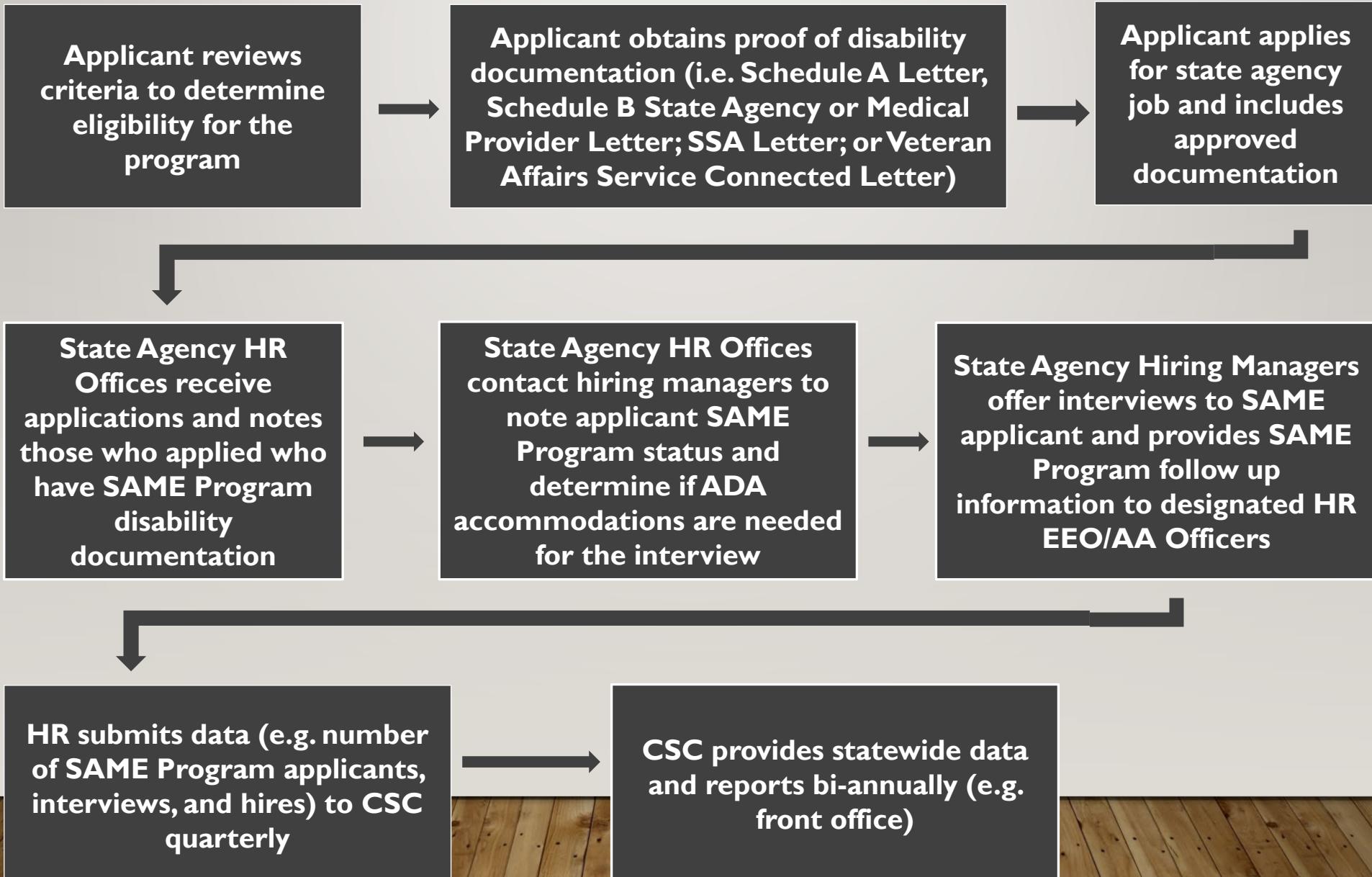


SAME PROGRAM FAST TRACKING



This program uses a fast-tracking process to ensure that people who are eligible for the program are offered an opportunity to participate in interviews when applying for non-competitive and unclassified permanent and temporary positions with NJ state government.

FASTTRACKING PROCESS OVERVIEW



PROGRAM ELIGIBILITY

TO APPLY FOR STATE EMPLOYMENT UNDER THE SAME PROGRAM FAST TRACK PROCESS YOU MUST MEET ONE OF THE FOLLOWING CRITERIA LISTED BELOW



Eligible for Federal Schedule A program under the US Office of Personnel Management



Eligible for services by a NJ State Agency Serving People with Disabilities



Eligible for services and supports by a NJ state child study team at a NJ high school or by an office rendering disability services at a NJ public college or university



Have a significant disability that is or can be affirmed by a NJ licensed medical provider



Eligible for benefits by Social Security Administration



U.S. Department of Veterans Affairs

Eligible for services for disabled veterans administered by the US Department of Veteran Affairs

ACCEPTED DOCUMENTS OF ELIGIBILITY

Schedule A Federal Hiring Letter

Who Can Sign Off on this type of Proof of Eligibility?

Federal and state vocational
rehabilitation counselors and medical
providers.

SCHEDULE A LETTER TEMPLATE

Sample Schedule A Letter for Licensed Medical Practitioners

The letter must be printed on "medical professional's" letterhead and must include a signature or it is invalid.

Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with an intellectual disability, severe physical disability or psychiatric disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102(u). Thank you for your interest in considering this individual for employment. You may contact me at (phone number).

Sincerely,

(Medical professional's signature)

(Medical professional's title)

Sample Schedule A Letter for Vocational Rehabilitation Professionals

State

Name of Counselor, M.S.,
Position Title

Department of Rehabilitative Services
Street Address – Suite Number
City, State Zip Code
website

Main Line: xxx-xxx-xxxx
TTY: xxx-xxx-xxx
Fax: xxx-xxx-xxxx
Email:

Direct Line: xxx-xxx-xxxx

Date

To Whom It May Concern:

This letter serves as certification that (name) is an individual with a documented disability, identified by the (vocational rehabilitation services agency name) policy and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102 (u) for people with intellectual disabilities, severe physical disabilities or psychiatric disabilities. Thank you for your interest in considering this individual for employment. You may contact me at (contact information).

Sincerely,

(Vocational rehabilitation professional's signature)



ACCEPTED DOCUMENTS OF ELIGIBILITY

Schedule B NJ Letter for Designated NJ State Agencies, Schools, and Colleges

Who Can Sign Off on this type of Proof of Eligibility?

A designated representative from a:

- Child study team affiliated with a NJ high school; or
- Office of Disability Services at a public college or university
- Designated state agency. These include New Jersey:
 - Division of Vocational Rehabilitation Services (DVRS); or
 - Division of Developmental Disabilities (DDD); or
 - Commission for the Blind and Visually Impaired (CBVI); or
 - Division of Disability Services (DDS); or
 - Division of the Deaf and Hard of Hearing (DDHH); or
 - Division of Mental Health and Addiction Services (DMHAS)

ACCEPTED DOCUMENTS OF ELIGIBILITY

Schedule B NJ Letter for Licensed Medical Providers

Who Can Sign Off on this type of Proof of Eligibility?

NJ Licensed Medical Providers

SCHEDULE B LETTER TEMPLATES

NJ State as a Model Employer Program
Schedule B- NJ Letter
NJ State Agency Attestation of Eligibility

Letterhead of the Designated Agency

Date _____

NJ Civil Service Commission
44 South Clinton Avenue
Trenton, NJ 08609

To Whom It May Concern:

This letter serves as certification that _____
is an individual with a documented disability confirmed by the

Name of NJ designated state agency

and can be considered for employment opportunities under the Schedule B-NJ fast
track hiring authority N.J.S.A. 11A:7-13, et seq. for people with intellectual disabilities,
severe physical disabilities, or psychiatric disabilities.

If you have any questions, please contact me at _____ and/or by
Phone number _____

E-mail _____

Sincerely,

Designated Agency Professional's Signature _____

Designated Agency Professional's Printed Name _____

Designated Agency Professional's Title and Affiliated Organization _____

Note: (Designated Agency Professional's signature and completion of each field above are required)

NJ State as a Model Employer Program
Schedule B Letter
NJ Licensed Medical Provider Attestation of Eligibility

Letterhead of the NJ Licensed Medical Provider

Date _____

NJ Civil Service Commission
44 South Clinton Avenue
Trenton, NJ 08609

To Whom It May Concern:

By signing this form, I attest that _____ is an individual with an
intellectual disability, severe physical disability, or psychiatric disability, and, based on
this eligibility can be considered for employment opportunities under the Schedule B-
NJ fast track hiring authority N.J.S.A. 11A:7-13, et seq. for people with intellectual
disabilities, severe physical disabilities, or psychiatric disabilities.

If you have any questions, please contact me at _____ and/or by
Telephone # _____

E-mail _____

Sincerely,

Medical Professional Signature _____

Medical Professional's Printed Name _____

Medical Professional Title and Affiliated Organization _____

NJ Medical License Number _____

Note: (Medical Professional's signature and completion of each field above are required)

ACCEPTED DOCUMENTS OF ELIGIBILITY



SSA ELIGIBILITY LETTER

Who Can Sign Off on this type of Proof of Eligibility?

The United States Social Security Administration provides this letter as a part of the process for applying for benefits

The applicant does not need to seek additional approval but must submit a copy of the SSA eligibility letter.



U.S. Department
of Veterans Affairs

DEPARTMENT OF VETERAN AFFAIRS CONNECTED APPROVED ELIGIBILITY LETTER

Who Can Sign off on this type of Proof of Eligibility?

The United States Department of Veteran Affairs provides this letter as a part of the process for applying for benefits.

The applicant does not need to seek additional approval but must submit a copy of the Veteran Affairs Connect Approval eligibility letter.

APPLYING TO SAME PROGRAM ELIGIBLE STATE JOBS

- The SAME Program fast tracking process can be used to apply to non-competitive and unclassified job postings. Visit the Civil Service Commission (CSC) website to find eligible job openings and application instructions.
- Applicants still need to apply for the job using the direction provided on the job announcement.
- Applying for eligible state jobs using the SAME Program fast track process, requires one additional step for the applicants **When applicants submit a resume, they must include the signed copy of their approved SAME Program eligibility documentation.**



YOUR ROLE

- Be aware of SAME
- Guide people to SAME
- Sign letters for SAME eligibility
 - Refer to medical provider, SS, VA for signatures if not yet part of services with your agency
- Identify & report any challenges