

**Open Enrollment No. HHS0007728**  
**Exhibit D – Work Experience**  
**Submit as attachment to the Application**

**WORK EXPERIENCE**

- 1.a.** How many years of experience does the Applicant have working with people who have a **traumatic brain injury (TBI)**?

- b.** What services were provided by the Applicant to people who have a **traumatic brain injury (TBI)**?

- 2.a.** How many years of experience does the Applicant have working with people who have a **traumatic spinal cord injury (TSCI)**?

- b.** What services were provided by the Applicant to people who have a **traumatic spinal cord injury (TSCI)**?

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- 3.a.** How many years of experience does the Applicant have working with people who have **both** a **traumatic brain injury (TBI)** **and** a **traumatic spinal cord injury (TSCI)**?

- b.** What services were provided by the Applicant to people who have **both** a **traumatic brain injury (TBI)** **and** a **traumatic spinal cord injury (TSCI)**?