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|---------------|-------------|
| AV#: | (7 digits) |
| ACCES-VR ID#: | (6 digits) |
| CAMS ID #: | (10 digits) |

Supported Employment

573X- Job Placement (Day 5)

| | |
|---------------------|-----------------------|
| VR District Office: | Vendor: |
| VRC Name: | NYS Fiscal System ID: |
| | Report Date: |

| | |
|----------------------------|------------------------|
| Participant First Name: | Participant Last Name: |
| Participant Phone Number: | |
| Participant Email Address: | |

Section 1: Employment Details (When available, please attach participant's employer hire letter)

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|---|
| <p>Job Title:</p> <p>Business Name (Employer):</p> <p>Business Address:</p> <p>Supervisor:</p> <p>Start Date of Employment:</p> <p>First Three Days of Actual Work: 1. 2. 3.</p> <p>Work Schedule/Hours:</p> <p>Wages:</p> <p>Job Description (Describe job responsibilities or attach job description):</p> <p>If this is a group placement, describe how this site is considered an integrated work setting:</p> <p>Benefits (Detail type and eligibility date):</p> |
|---|

List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.):

Section 2: Performance

1. What job tasks does the participant need to learn, during the next phase of employment?
2. Is the business satisfied with the participant's performance?
 Superior Satisfactory Needs Improvement
3. Identify areas of performance or behavior that require improvement and note strategies that will address these areas (refer to Intensive Service Plan):
4. Identify and list potential natural supports:
5. Comments (if required):

Section 3: Retention Checklist

Retention Concerns: Indicate if the following have been addressed or need to be addressed; provide additional explanation where appropriate, use N/A for items that do not apply)

| | Addressed | Needs to Be Addressed | N/A |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Appearance/Hygiene: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Punctuality: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Accommodation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation/Navigation to Work: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Childcare: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VR-573X

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Work Clothes: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Instruction: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Therapy/Medical Treatment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Orientation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan to Elicit Regular Supervisor and Participant Feedback: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Training Provided: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waiver: Off-Site Coaching: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case Manager Involved: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family/Friends/Coworkers: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

Section 4: Approval

Placement was discussed with and agreed to by ACCES-VR VRC on the date listed below:

Date

Does the VRC consider the placement to be a satisfactory match in terms of the participant's aptitudes, interests, limitations and strengths?

Yes No

If no, explain:

Vendor must maintain documentation of this in participant record.

I hereby certify that the information submitted on this report is true and correct.

Qualified Staff Signature

Date

Printed Name

Phone Number:

Title

Email:

I hereby certify that the information submitted on this report is true and correct.

Participant Signature

Date

Printed Name