

**Supported Employment**

**576X-Job Retention Quality Bonus**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

**Section 1: Employment Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | |
| Job Title: | | Click to enter | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Business Name (Employer): | | Click to enter | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Supervisor: | | Click to enter | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Start Date of Employment: | | Click to enter | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Date 90-day milestone was achieved: | | Click to enter | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Work Schedule/Hours: | | Click to enter | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Wages: | | Click to enter | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Type of Placement: | | |  | Individual | |  | Group | | |  | Other | | Click to enter | |
|  | Describe (If this is a group placement, describe how this site is considered an integrated work setting): | | | | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Benefits: | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |
|  | |  | | |  | | |  |  | | |  | |  |
| List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.): | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |
|  | |  | | |  | | |  |  | | |  | |  |

**Section 2: Hours Per Week Bonus Requirements**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | |
| a. | **Did the participant work at least an average of 22 hours per week during the last four weeks of employment prior to reaching the 90-day milestone?** | | | | | | | |
|  |  |  | Yes |  |  | No |  |  |
| Please attach copies of paystubs or a letter from the employer with verifying details. | | | | | | | | |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |