



**Supported Employment  
576X-Job Retention Quality Bonus**

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

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

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

**Section 1: Employment Details**

Job Title:
Business Name (Employer):
Supervisor:
Start Date of Employment:
Date 90-day milestone was achieved:
Work Schedule/Hours:
Wages:
Type of Placement: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other
Describe (If this is a group placement, describe how this site is considered an integrated work setting):

Benefits:

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

**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:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email:

**Provider Supervisor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title