



VR-576X (5/14)

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

SUPPORTED EMPLOYMENT Quality Bonus Payment

Hours Per Week

Report at Closure

Report 6 Months After Closure

Section 1: Employment Details

Provider Name:

NYS Fiscal System #:

Consumer Name:

Consumer DOB:

Consumer SS #:

Job Title:

Business Name (Employer):

Name of Supervisor:

Start Date of Employment:

Date 90-Day Milestone was Achieved:

Work Schedule/Hours:

Wages:

Benefits:

Type of Employment: Community, Enclave, Mobile Crew, Other
Describe:

Use of Hiring Incentives: Tax Credit, WTO, OJT, Other
Describe:

Section 2: Hours Per Week Bonus Requirements

1. Did the individual reach the Hours Per Week (stated below) in this placement **at closure**? (Provider must supply hard copy documentation from the business based upon the last 4 weeks of employment records prior to successful closure.

- Average of 30 hours of work per week: Yes No

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Quality Bonus Confirmation at Closure: In order to be eligible to receive this quality bonus, verification must be provided by submitting: pay stubs or official confirmation on company letterhead.

OR

Did the individual reach the Hours Per Week (stated below) in this placement at **6 months after closure**? (Provider must supply hard copy documentation from the business based upon the last 4 weeks of employment records prior to reaching 6 months since closure.)

- Average of 30 hours of work per week: Yes No

Quality Bonus Confirmation at 6 Months After Closure: In order to be eligible to receive the Hours Per Week quality bonus, verification must be provided by submitting: pay stubs or official confirmation on company letterhead

Additional Comments/Changes Since Submission of 575X Report:

Signature of Provider

Date

Signature of Provider's Supervisor

Date