

**VR-510X**

**Customized Employment 510X**

[ ]  **Job Placement Service (Submitted with 931X/936X)**

[ ]  **Supported Employment Services (Submitted with 573X)**

|  |  |  |
| --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **1.** | **Please describe the process used to complete a detailed assessment of the participants strengths:** |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **2.** | **Please list the participant’s strengths identified and how the customized job matches the identified strengths:** |
|  |  |  |  |  |  |  |  |  |  |
|  | **Strength** | **Reason for Job Match** |
|  | **1.** | Click to enter | Click to enter |
|  | **2.** | Click to enter | Click to enter |
|  | **3.** | Click to enter | Click to enter |
|  | **4.** | Click to enter | Click to enter |
|  | **5.** | Click to enter | Click to enter |
|  | **6.** | Click to enter | Click to enter |
|  | **7.** | Click to enter | Click to enter |
|  | **8.** | Click to enter | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **3.** | **Please indicate the type of negotiation that occurred and describe the result in detail (Check all that apply):** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Customizing a job description based on current unidentified and unmet needs of the employer and the needs of the employee |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Developing a set of job duties or tasks |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Developing a work schedule (including determining hours worked) |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Determining a job location |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Developing a job arrangement (such as job carving, job sharing, or a split schedule) |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  Determining specifics of supervision |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |
|  |  |[ ]  Other: | Click to enter |
|  |  |  | Describe: | Click to enter |
|  |  |  |  |  |
| **4.** | **Describe any additional flexible strategies that were utilized in this employment customization and the result of these efforts (Please be specific):** |
|  |  |
|  | **Flexible Strategy**  | **Result** |  |
|  | **1.** | Click to enter |  |  |
|  | **2.** | Click to enter |  |  |
|  | **3.** | Click to enter |  |  |
|  | **4.** | Click to enter |  |  |
|  | **5.** | Click to enter |  |  |
|  | **6.** | Click to enter |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **5.** | Is this employment customization in an enclave (dispersed or group), mobile work crews or any other job placement that is based on preferred source or other product or service contracts that the provider has with a business or public entity, directly or indirectly? |
|  |  |  |  |[ ]  Yes |[ ]  No |  |
|  | If yes, this placement is not eligible for Employment Customization (510X) |
|  |  |  |  |  |  |  |  |  |  |
| **6.** | Additional Comments/Concerns: |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |