

VR-510X Customized Employment 510X

□ Job Placement Service (Submitted with 931X/936X)

□ Supported Employment Services (Submitted with 573X)

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:	

- 1. Please describe the process used to complete a detailed assessment of the participants strengths:
- 2. Please list the participant's strengths identified and how the customized job matches the identified strengths:

Strength	Reason for Job Match	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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:		
	Developing a set of job duti Describe:	Developing a set of job duties or tasks Describe:	
	Developing a work schedule (including determining hours worked) Describe:		
	Determining a job location Describe:		
	Developing a job arrangement (such as job carving, job sharing, or a split schedule) Describe:		
	Determining specifics of supervision Describe:		
	Other: Describe:		
		egies that were utilized in this esult of these efforts (Please be	
employme specific):			
employme specific): 1.	ent customization and the re	esult of these efforts (Please be	
employme specific): 1. 2.	ent customization and the re	esult of these efforts (Please be	
employme specific): 1. 2. 3.	ent customization and the re	esult of these efforts (Please be	
employme specific): 1.	ent customization and the re	esult of these efforts (Please be	

- 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?

If yes, this placement is not eligible for Employment Customization (510X)

6. Additional Comments/Concerns:

Completed By:

Signature

Printed Name

Phone Number:

Provider Supervisor:

Qualified Staff Signature

Printed Name

Date Title Email:

Date

Title