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



**Supported Employment**

**573X- Job Placement (Day 5)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Vendor: | 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** (When available, please attach participant’s employer hire letter)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: | Click to enter | | | | | |
|  |  | | | | | |
| Business Name (Employer): | Click to enter | | | | | |
|  |  | | | | | |
| Business Address: | Click to enter | | | | | |
|  |  | | | | | |
| Supervisor: | Click to enter | | | | | |
|  |  | | | | | |
| Start Date of Employment: | Click to enter | | | | | |
|  |  | | | | | |
| First Three Days of Actual Work: | 1. | Click to enter | 2. | Click to enter | 3. | Click to enter |
|  | | | | | | |
| Work Schedule/Hours: | Click to enter | | | | | |
|  | | | | | | |
| Wages: | Click to enter | | | | | |
|  | | | | | | |
| Job Description (Describe job responsibilities or attach job description): | | | | | | |
| Click to enter | | | | | | |
|  | | | | | | |
| If this is a group placement, describe how this site is considered an integrated work setting: | | | | | | |
| Click to enter | | | | | | |
|  | | | | | | |
| Benefits (Detail type and eligibility date): | | | | | | |
| Click to enter | | | | | | |
|  |  |  |  |  |  |  |
| List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.): | | | | | | |
| Click to enter | | | | | | |
|  |  |  |  |  |  |  |

**Section 2: Performance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | What job tasks does the participant need to learn, during the next phase of employment? | | | | | | |
|  | Click to enter | | | | | | |
|  |  | | | | | | |
| 2. | Is the business satisfied with the participant’s performance? | | | | | | |
|  |  | Superior |  | Satisfactory |  | Needs Improvement | |
|  |  |  |  |  |  |  | |
| 3. | Identify areas of performance or behavior that require improvement and note strategies that will address these areas (refer to Intensive Service Plan): | | | | | | |
|  | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |
| 4. | Identify and list potential natural supports: | | | | | | |
|  | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |
| 5. | Comments (if required): | | | | | | |
|  | Click to enter | | | | | | |

**Section 3: Retention Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Retention Concerns: Indicate if the following have been addressed or need to be addressed; provide additional explanation where appropriate, use N/A for items that do not apply) | | | | | | |
|  |  |  |  |  | | |
|  |  | Addressed | Needs to Be Addressed | N/A | | |
|  |  |  |  |  | | |
|  | Appearance/Hygiene: |  |  |  | | |
|  |  |  |  |  | | |
|  | Punctuality: |  |  |  | | |
|  |  |  |  |  | | |
|  | Job Accommodation: |  |  |  | | |
|  |  |  |  |  | | |
|  | Transportation/Navigation to Work: |  |  |  | | |
|  |  |  |  |  | | |
|  | Childcare: |  |  |  | | |
|  |  |  |  |  | | |
|  | Work Clothes: |  |  |  | | |
|  |  |  |  |  | | |
|  | Safety Instruction: |  |  |  | | |
|  |  |  |  |  | | |
|  | Therapy/Medical Treatment: |  |  |  | | |
|  |  |  |  |  | | |
|  | Employee Orientation: |  |  |  | | |
|  |  |  |  |  | | |
|  | Plan to Elicit Regular Supervisor and Participant Feedback: |  |  |  | | |
|  |  |  |  |  | | |
|  | Job Training Provided: |  |  |  | | |
|  |  |  |  |  | | |
|  | Waiver: Off-Site Coaching: |  |  |  | | |
|  |  |  |  |  | | |
|  | Case Manager Involved: |  |  |  | | |
|  |  |  |  |  | | |
|  | Family/Friends/Coworkers: |  |  |  | | |
|  |  |  |  |  |  |  |
| Comments: | | | | | | |
|  | Click to enter | | | | | |

**Section 4: Approval**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Placement was discussed with and agreed to by ACCES-VR VRC on the date listed below: | | | | | | | | | | |
|  |  | | | | |  |  |  |  |  |
|  | Click to enter | | | | |  |  |  |  |  |
|  | Date | | | | |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |
| Does the VRC consider the placement to be a satisfactory match in terms of the participant’s aptitudes, interests, limitations and strengths? | | | | | | | | | | |
|  |  | Yes |  | No |  | | | | |  |
| If no, explain: | | | Click to enter | | | | | | | |
|  | | |  | | | | | | | |
| Vendor must maintain documentation of this in participant record. | | | | | | | | | | |
|  |  |  |  |  |  | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I hereby certify that the information submitted on this report is true and correct.** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

**I hereby certify that the information submitted on this report is true and correct.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | Click to enter | |
| Participant Signature | |  | Date |  |
| Click to enter | |  |
| Printed Name |  |  |
|  |  |  |  |  |