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