

**Supported Employment**

**575X- Job Retention**

|  |  |  |
| --- | --- | --- |
| 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 | 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | | | | | | | | | | |
| Job Title: | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Business Name (Employer): | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Supervisor: | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Start Date of Employment: | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Stabilization Date: | | | | | Click to enter | | | | | | | | | | | | | |
| **Stabilization marks the end of intensive services and transition to extended services.** | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Stabilization and Transition to Extended Services was discussed with and agreed to by ACCES-VR VRC on the date listed below (Maintain documentation in provider record): | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | No | Click to enter | | | | | | | | | | | | | |
|  | |  |  |  | Date | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Date 90-day milestone was achieved: | | | | | | | | | Click to enter | | | | | | | | | |
| **The 575X milestone cannot be achieved until 90 days after the stabilization date.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Work Schedule/Hours: | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Wages: | | | | | Click to enter | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Type of Placement: | | | | | |  | Individual | | |  | Group | | |  | Other | | Click to enter | |
|  | If this is a group placement, describe how this site is considered an integrated work setting: | | | | | | | | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Benefits: | | | | | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | |  |  | | |  | |  |
| List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.): | | | | | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | |  |  | | |  | |  |

**Section 2: Performance**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business/Employer Expectations (answers should relate to the individual’s ability to complete basic job tasks): | | | | | | | | | | | |
|  |  | | | | | | | | | | |
| 1. | Have there been any changes in the job tasks since day 45? | | | | | | | | | | |
|  |  | Yes |  | No |  |  | | | | | |
|  |  | List Changes: | | Click to enter | | | | | | | |
|  |  |  |  |  |  |  | | | | | |
| 2. | Overall, are you satisfied with the individual’s performance? | | | | | | | | | | |
|  |  | Yes |  | No |  |  | | | | |  |
|  |  | Explain: | Click to enter | | | | | | | | |
|  |  |  |  |  |  |  | | | | |  |
| 3. | Does the individual: | | | | | | | | | | |
|  | a. | Satisfactorily perform job tasks? | | |  |  |  | Yes |  | No |  |
|  | b. | Maintain Satisfactory attendance? | | |  |  |  | Yes |  | No |  |
|  | c. | Demonstrate punctuality? | | |  |  |  | Yes |  | No |  |
|  | d. | Communicate well with co-workers? | | |  |  |  | Yes |  | No |  |
|  | e. | Communicate well with supervisors? | | |  |  |  | Yes |  | No |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please describe any additional areas of concern that are not listed above: | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Additional Comments: | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Job Task Achievement Levels (List the top 4) | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | a. | Click to enter | | |  | Limited | | | |  |  |
|  |  |  | Average | | | |  |  |
|  |  |  | Above Average | | | |  |  |
|  |  |  | Excellent | | | |  |  |
|  | b. | Click to enter | | |  | Limited | | | |  |  |
|  |  |  | Average | | | |  |  |
|  |  |  | Above Average | | | |  |  |
|  |  |  | Excellent | | | |  |  |
|  | c. | Click to enter | | |  | Limited | | | |  |  |
|  |  |  | Average | | | |  |  |
|  |  |  | Above Average | | | |  |  |
|  |  |  | Excellent | | | |  |  |
|  | d. | Click to enter | | |  | Limited | | | |  |  |
|  |  |  | Average | | | |  |  |
|  |  |  | Above Average | | | |  |  |
|  |  |  | Excellent | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Comments: | | |  |  |  |  |  |  |  |  |
|  | Click to enter | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Section 3: Barrier and Strategies**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 1. | List ongoing individualized needs to retain employment and strategies to meet those needs (Review 574X-Job Development Day 45 report): | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Barrier | | | |  | Strategies | | | | |  |
|  | a. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | b. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | c. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | d. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | Describe long term natural supports being developed or already in place and how they will assist in job retention: | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Natural Support | | | |  | Retention Benefit | | | | |  |
|  | a. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | b. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | c. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  | d. | Click to enter | | |  | 1. | Click to enter | | | |  |
|  |  |  | 2. | Click to enter | | | |  |
|  |  |  | 3. | Click to enter | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. | Does the participant know who to contact should any issues arise? | | | | | | | | | |  |
|  |  |  |  | Yes |  | No | |  |  |  |  |
|  |  | List: | Click to enter | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Does the participant understand the effect of income on benefits? | | | | | | | | | |  |
|  |  |  |  | Yes |  | No | |  |  |  |  |
|  |  | Comments: | | Click to enter | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 5. | Is the participant interested and is there an opportunity to accomplish growth in wages or hours? | | | | | | | | | |  |
|  |  |  |  | Yes |  | No | |  |  |  |  |
|  |  | If yes, outline the plan and timeframe for achieving this: | | | | | | | | |  |
|  |  | Click to enter | | | | | | | | |  |

**Section 4: Participant Satisfaction**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Provider should assist the individuals in completion of the job satisfaction survey below: | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | a. | Are you satisfied with your job? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | b. | Do you have any problems with getting to work each day? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | c. | Do you feel you need additional help in any of your current work responsibilities? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | d. | Do you feel you have adequate opportunity to communicate with your supervisor? | | | |  |  | Yes |  | No |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Section 5: Business Satisfaction**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | a. | Is the business satisfied with the participant’s performance? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | b. | Has the business identified areas for improvement? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  |  | If yes, has an action plan been developed to meet these expectations? (Please describe in comment section below) | | | |  |  | Yes |  | No |  |
|  |  | Comments: | | Click to enter | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Section 6: Considerations**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | a. | Is there an expected need for VR services beyond extended services (i.e. tools, clothing, equipment, transportation)? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | b. | Will the participant have the opportunity to increase hours and/or wages in the position? | | | |  |  | Yes |  | No |  |
|  |  |  | | | |  |  |  |  |  |  |
|  | c. | Will the participant have the opportunity to received health care or other benefits from the business or other sources? | | | |  |  | Yes |  | No |  |
|  |  | Please list sources and type of benefits: | | | | | | | | |  |
|  |  | Comments: | | Click to enter | | | | | | |  |

**Section 7: Additional Closure Requirements**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |  |  |  |  |
|  |  | Extended funding source is: | | |  |  |  |  |  |  |
|  |  |  | ACCES-VR | |  |  |  |  |  |  |
|  |  |  | ACCES-VR Youth | |  |  |  |  |  |  |
|  |  |  | OPWDD | |  |  |  |  |  |  |
|  |  |  | OMH | |  |  | PROS | |  |  |
|  |  |  | Other | Click to enter | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Comments: | | |  |  |  |  |  |  |
|  |  | Click to enter | | | | | | | |  |

Discussed with and agreed to by ACCES-VR VRC on the date listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Click to enter |
|  |  |  |  | Date |

**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 |

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