



Supported Employment

575X- Job Retention

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Vendor:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

Section 1: Employment Details

Job Title:
Business Name (Employer):
Supervisor:
Start Date of Employment:
Stabilization Date: 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):
<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Date

VR-575X

Date 90-day milestone was achieved:

The 575X milestone cannot be achieved until 90 days after the stabilization date.

Work Schedule/Hours:

Wages:

Type of Placement: Individual Group Other

If this is a group placement, describe how this site is considered an integrated work setting:

Benefits:

List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.):

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:

2. Overall, are you satisfied with the individual's performance?

Yes No

Explain:

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:

VR-575X

Additional Comments:

4. Job Task Achievement Levels (List the top 4)

a.	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent
b.	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent
c.	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent
d.	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent

Comments:

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.	1. 2. 3.
b.	1. 2. 3.
c.	1. 2. 3.
d.	1. 2.

3.

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.	1. 2. 3.
b.	1. 2. 3.
c.	1. 2. 3.
d.	1. 2. 3.

3. Does the participant know who to contact should any issues arise?
 Yes No

List:

4. Does the participant understand the effect of income on benefits?
 Yes No

Comments:

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:

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

VR-575X

b.	Do you have any problems with getting to work each day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Do you feel you need additional help in any of your current work responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Do you feel you have adequate opportunity to communicate with your supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5: Business Satisfaction

a.	Is the business satisfied with the participant's performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Has the business identified areas for improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, has an action plan been developed to meet these expectations? (Please describe in comment section below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		

Section 6: Considerations

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

Section 7: Additional Closure Requirements

Extended funding source is:	
<input type="checkbox"/> ACCES-VR	
<input type="checkbox"/> ACCES-VR Youth	
<input type="checkbox"/> OPWDD	
<input type="checkbox"/> OMH	<input type="checkbox"/> PROS
<input type="checkbox"/> Other	
Comments:	

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

Yes No

_____ Date

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

Participant Signature:

Date

Printed Name

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

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email:

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

Qualified Supervisor Signature

Date

Printed Name

Title