

**Supported Employment**

**576X-Job Retention Quality Bonus**

|  |  |  |
| --- | --- | --- |
| 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 | Provider: | 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 |
|  |  |
| Date 90-day milestone was achieved: | Click to enter |
|  |
| Work Schedule/Hours: | Click to enter |
|  |
| Wages: | Click to enter |
|  |
| Type of Placement: |[ ]  Individual |[ ]  Group |[ ]  Other  | Click to enter |
|  | Describe (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: Hours Per Week Bonus Requirements**

|  |  |
| --- | --- |
|  |  |
| a. | **Did the participant work at least an average of 22 hours per week during the last four weeks of employment prior to reaching the 90-day milestone?** |
|  |  |[ ]  Yes |  |[ ]  No |  |  |
| Please attach copies of paystubs or a letter from the employer with verifying details. |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

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