

**Supported Employment Services**

**Supported Employment Stabilization - Youth**

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| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID |

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| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name. |
| VRC Name: Click to enter. | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

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| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter | |
| Customer Email Address: Click to enter | |

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| **Employment Details**  **This is a Final Report Submitted for Payment**  *The Supported Employment Extended Services Plan must be submitted with the VR-1574X* | | | |
| **Job Title:** (***Note:*** Title should match IPE Employment Goal) | Click here to enter Job Title | |
| **Business (Employer) Name:** | Click here to enter Business Name | |
| **Business Address:** | Click here to enter Business Address | |
| **Supervisor:** | Click here to enter Supervisor Name | |
| **Employment Start Date:** | Click here to enter Start Date. | |
| **Employment Stabilization Date:** | Click to enter a stabilization date. | |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) | |
| **Wage Information:**  (verification of hours & wages at stabilization required for payment) | Click here to enter hours and wage information. | |
| **Employment Details:** | Click here to enter Job Tasks and Responsibilities | |
| **Medical Benefits:** | Yes  No | |
| **Other Benefits:** | Click here to enter benefit information.Write **None** if not applicable. | |
| **Extended Funding Source:** | ACCES-VR | ACCES-VR Youth |
| Stabilization marks the **End of Intensive SE services** and indicates agreement to **transition to Extended SE** services. | OPWDD | Other |
| OMH | PROS |

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| **Criteria For Stabilization** | |
| Is the Customer able to perform the essential functions of the job, with or without reasonable accommodations? | Yes  No |
| Has the Customer sustained the job with the lowest level of support necessary? | Yes  No |
| Please comment on the frequency of job coaching needed to sustain employment. | |
| Click here to enter job coaching details. | |
| Have the Natural Supports been developed for this job? | Yes  No |
| Please Identify the natural and other supports available for the customer’s ongoing stable employment.  Click here to enter supports utilized to maintain successful employment. | |
| Has a Stabilization discussion occurred with the customer and the employer? | Yes  No |
| Please provide the details of the stabilization discussion and discuss the outcome.  Click here to enter summary of stabilization meeting. | |

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| **Job Performance and Satisfaction** |
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| Please explain how the customer’s job performance meets the requirements of the position.  Click here to enter Job Performance summary. |
| How does the employer provide ongoing feedback on work performance?  Click here to enter Employer feedback methods. |
| List any areas of performance that require improvement and note strategies that address these areas: |
| 1. Click here to enter strategies to improve job performance. |
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Respond Yes if the customer has demonstrated the skill; No if the employee has not attained the skill and N/A if not applicable:

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| **Job Performance & Retention Factors** | **Yes** | **No** | **N/A** |
| Maintains attendance |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Demonstrates punctuality |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Arrives appropriately prepared for the worksite |  |  |  |
| If no, Click here to describe strategies to address. |  |  |  |
| Completes work to the business quality standards |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Completes work accurately & on time |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Organizes & prioritizes work activities |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Follows work-related rules and safety regulations |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Responds positively to supervisor feedback |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Asks for clarification of directions and tasks |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Requests assistance when needed |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Communicates well with coworkers and others |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Demonstrates effective problem-solving skills |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Exhibits self-direction and initiative |  |  |  |
| If no, Click here to describe strategies to address. | | | |
| Works well independently and as part of a team |  |  |  |
| If no, Click here to describe strategies to address. | | | |

**Stabilization requires the above Job Performance and Retention Factors questions are rated Yes or N/A and there is agreement by the customer, the vendor, and the ACCES-VR counselor. The stabilization report must be signed by the customer and submitted by the vendor with the name/contact information for the staff member completing the form and approved by the ACCES-VR Counselor. The stabilization date will be the day that the ACCES-VR Counselor approves the Stabilization Report or the date agreed upon by all parties, in writing, prior to the report being submitted. The documentation of prior approval must be submitted with this report.**

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

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| Customer Signature |  | Date |
| Enter customer name here. |  |  |
| Printed Name |  |  |

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

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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |