



Supported Employment Services

Supported Employment Stabilization - Youth

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

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

Employment Details
This is a Final Report Submitted for Payment <i>The Supported Employment Extended Services Plan must be submitted with the VR-1574X</i>
Job Title: (<i>Note:</i> Title should match IPE Employment Goal)
Business (Employer) Name:
Business Address:
Supervisor:
Employment Start Date:
Employment Stabilization Date
Work Schedule / Hours:
Wage Information: (verification of hours & wages at stabilization required for payment)
Employment Details:

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Medical Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits:		
Extended Funding Source:	<input type="checkbox"/> ACCES-VR	<input type="checkbox"/> ACCES-VR Youth
Stabilization marks the End of Intensive SE services and indicates agreement to transition to Extended SE services.	<input type="checkbox"/> OPWDD	<input type="checkbox"/> Other
	<input type="checkbox"/> OMH	<input type="checkbox"/> PROS

Criteria For Stabilization
<p>Is the Customer able to perform the essential functions of the job, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the Customer sustained the job with the lowest level of support necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please comment on the frequency of job coaching needed to sustain employment.</p> <p>Have the Natural Supports been developed for this job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please Identify the natural and other supports available for the customer's ongoing stable employment.</p>

Job Performance and Satisfaction
<p>Please explain how the customer's job performance meets the requirements of the position.</p> <p>How does the employer provide ongoing feedback on work performance?</p> <p>List any areas of performance that require improvement and note strategies that address these areas:</p> <p>1.</p>

2.

3.

Respond Yes if the customer has demonstrated the skill; No if the employee has not attained the skill and N/A if not applicable:

Job Performance & Retention Factors	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Maintains attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Demonstrates punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Arrives appropriately prepared for the worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Completes work to the business quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Completes work accurately & on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Organizes & prioritizes work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Follows work-related rules and safety regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Responds positively to supervisor feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Asks for clarification of directions and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Requests assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Communicates well with coworkers and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Demonstrates effective problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			

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Exhibits self-direction and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			
Works well independently and as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no,			

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.

Customer Signature

Date

Printed Name

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

Completed By:

Printed Name

Title

Phone:

Email: