

**Job Placement Services**

**510X - Customized Employment**

**Check Appropriate Service:**

**Job Placement Service (Submitted with 931X / 936X)**

**Supported Employment Services (Submitted with 573X)**

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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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| **Customized Employment Details**  **This is a Final Report Submitted for Payment** |
| **Employment Goal** (as described in ACCES-VR supported employment referral or IPE):  Click here to enter Employment Goal. |
| ***Please Note:*** If this goal is different from the agreed upon goal on the referral form, indicate date of  VRC Customer and Vendor agreement to the changed goal: Insert date if needed. |
| **Describe Employer needs that will be met through customized employment:**  Click here to describe employer needs related to customized employment |
| **Discuss how the Customer’s skills and strengths best match the employer’s needs.**  Click here to describe how customer’s skills match employer needs |

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| **Describe the job duties and the customer’s responsibilities, as negotiated with the employer.**  Click here to describe customer’s skills match employer needs. |

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| **Indicate if any of the following were negotiated with the employer and developed for the**  **customer:** | |
| Developed a customized job description based on unmet or other employer needs, aligned  with the customer's needs  Developing a unique set of job duties or tasks  Determining an accessible job location  Developing a flexible work schedule  Developing a job arrangement (such as job carving, job sharing, or a split schedule)  Negotiating and specifying any accommodations required to perform the job  Determining specifics of supervision  Other customization  Please describe: Click here to enter text. | |
| **Describe any additional flexible strategies that were utilized in this employment customization and the result of these efforts (Please be specific):** | |
| **Strategy** | **Result** |
| Click here to enter strategy | Result / job customization benefit |
| Click here to enter strategy | Result / job customization benefit |
| Click here to enter strategy | Result / job customization benefit |
| Click here to enter strategy | Result / job customization benefit |
| Click here to enter strategy | Result / job customization benefit |
| **Additional comments or concerns:** Click here to enter text. | |

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

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| **Supervisor** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |