

**Supported Employment Services**

**Pre-Employment Assessment / Job Development Services**

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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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| **Job Development Plan 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. | |
| **Work Location Preferences:** Click here to enter preferred work location(s) | |
| **Preferred Number of Work Hours Per Week:** Click to enter hours per week. | |
| If Customer’s preference is to work less than 30 hours per week, please note the reason(s) below  Customer is not seeking a work schedule of 30 hours or more  Customer is unable to work 30 hours due to limitations directly related to disability  Customer is concerned about potential loss of benefits  Other, please explain: Click here to enter text. | |
| **Preferred Work Schedule:** Click here to enter schedule preferences  Is the customer available and willing to work evening and/or weekend shifts?  Yes  No  If No, list specific reason(s): Click or here to enter reason(s) | |
| **Wage Expectation:** Click here to enter customer’s wage expectation  If hourly wage is below regional minimum wage, please explain: Click here to enter if applicable | |
| **Does the customer understand the effect of income on any benefits?**  Yes  No  If No, has the customer attended Benefits Advisement?  Yes  No  If not, should the customer be referred for benefits advisement?  Yes  No  Will a Person Achieving Self Support (PASS) plan be needed?  Yes  No | |
| **Please describe the individual’s key strengths and skills as observed and/or described in the referral.**  Click here to enter strengths and skills in support of the employment goal above | |
| **Barrier to Employment** | **Strategies to Promote Successful Employment** |
| Click here to enter employment barrier. | 1. Enter coaching/intervention strategies. |
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| **Employment Activities and Support Services** | | |
| These activities conducted by the vendor are required to be for a minimum of five hours monthly. This **must** include direct engagement with the customer as well as job development with potential employers. | | |
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| **Please Detail a Plan for Services** This may include but is not limited to workplace behavior training, job application training, resume development, job seeking skills training, interviewing skills training, and job retention skills training.  ***Note:*** Please assist the individual to develop or to update a resume, needed for job search and attach the resume to this report. | | |
| Click here to describe job search activities and strategies. | | |
| **Extended Funding Source**  **Note:** ACCES-VR Supported Extended Funding and ACCES-VR Youth Supported Extended are utilized only after OPWDD and/or OMH funding have been explored and denials issued or verification is provided that an application for the extended funding has been submitted to an extended funding source**.** | | |
| **Anticipated Extended Funding Source:** | ACCES-VR | ACCES-VR Youth |
| OPWDD | OPWDD (pending) |
| OMH | PROS |
| ***Note:*** If extended funding approval is pending, please indicate the current application status:  Click here to enter status of application for SE Extended Services funding | | |
| Please discuss the anticipated long-term support needs for employment, including natural supports.  Click here to enter long-term employment supports. | | |
| Please select the Customer’s Preferred Job Coaching method; Choose an item.  Please discuss the reason(s) for the type of coaching support selected and that the VRC has approved of the coaching method.  Click or tap here to enter text. | | |

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

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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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| Please list the names of all who received a copy of this employment plan. | |
| Enter name here. |  |
| Enter name here. |  |
| Enter name here. |  |