

**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 preferencesIs 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. |  |