



## Supported Employment Services

### Pre-Employment Assessment / Job Development Services

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:	

<b>Job Development Plan Details</b> <b>This is a Final Report Submitted for Payment</b>
<p><b>Employment Goal</b> (as described in ACCES-VR supported employment referral or IPE):</p>
<p><b>Please Note:</b> 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:</p>
<p><b>Work Location Preferences:</b></p>
<p><b>Preferred Number of Work Hours Per Week:</b></p> <p>If Customer's preference is to work less than 30 hours per week, please note the reason(s) below</p> <p><input type="checkbox"/> Customer is not seeking a work schedule of 30 hours or more</p> <p><input type="checkbox"/> Customer is unable to work 30 hours due to limitations directly related to disability</p> <p><input type="checkbox"/> Customer is concerned about potential loss of benefits</p> <p><input type="checkbox"/> Other, please explain:</p>
<p><b>Preferred Work Schedule:</b></p>

**VR-572X**

Is the customer available and willing to work evening and/or weekend shifts?  Yes  No  
 If No, list specific reason(s):

**Wage Expectation:**

If hourly wage is below regional minimum wage, please explain:

**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.**

Barrier to Employment	Strategies to Promote Successful Employment
	1.
	2.
	1.
	2.
	1.
	2.
	1.
	2.
	1.
	2.

**VR-572X**

	1.
	2.

**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.

**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.

**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.

<b>Anticipated Extended Funding Source:</b>	<input type="checkbox"/> ACCES-VR	<input type="checkbox"/> ACCES-VR Youth
	<input type="checkbox"/> OPWDD	<input type="checkbox"/> OPWDD (pending)
	<input type="checkbox"/> OMH	<input type="checkbox"/> PROS

**Note:** If extended funding approval is pending, please indicate the current application status:

Please discuss the anticipated long-term support needs for employment, including natural supports.

**VR-572X**

Please select the Customer's Preferred Job Coaching method;

Please discuss the reason(s) for the type of coaching support selected and that the VRC has approved of the coaching method.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Completed By:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone:

Email:

Please list the names of all who received a copy of this employment plan.
