

**Supported Employment Services**

**Check Appropriate Service:**

[ ]  **573X - Intensive Services Job Placement - Adult**

[ ]  **1573X - Intensive Services Job Placement - Youth (under age 25)**

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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 Placement Information** **This is a Final Report Submitted for Payment**(When available, please attach customer’s employer hire letter) |
| **Job Title:** (***Note:*** Title should match IPE Goal) | Click here to enter Job Title |
| **Business (Employer) Name:** | Click here to enter Business Name |
| **Business Address:** | Click here to enter Business Address |
| **Supervisor’s Name:** | Click here to enter supervisor’s name. |
| **Employment Start Date:** | Click here to enter Start Date. |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information:****(*Note:*** Hours & Wage documentation **Required** within 30 days of placement) | Click here to enter wage information |
| **Job Description / Duties:** Please provide a description of job tasks, duties and responsibilities |
| **Medical Benefits:** | [ ]  Yes [ ]  No  |
| **Other Benefits:** |  Click here to enter benefit information, or None if not applicable. |
| List any hiring incentives utilized (WTO, OJT, Tax Credit, etc.): | Click here to enter any hiring incentives. |

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| **Work Performance** |
| 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. |
| What job tasks does the participant need to learn, during the next phase of employment?Enter job tasks and / or skills to be acquired. |
|  | How would the business rate their satisfaction with customers overall job performance? |
|  | [ ] Superior | [ ] Satisfactory | [ ] Needs Improvement |
|  |  |
| Identify areas of performance or behavior that require improvement and describe job coaching strategies and supports that will address these areas (refer to 572X Intensive Service Plan):Enter any work performance issues and/or work skills / behaviors that need improvement . |
|  | List and identify natural supports for employment.Enter natural support.Enter natural support.Enter natural support. |
|  | Additional comments: Enter any additional comments or concerns. |

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| **Employment Retention** |
| Please indicate if the areas listed below have been addressed or need to be addressed to promotejob retention. Provide an explanation when applicable and use N/A for areas that do not apply. |
| Employment Factor | Addressed | Needs to beAddressed | N/A |
| Attendance |[ ] [ ] [ ]
| Punctuality |[ ] [ ] [ ]
| Personal Appearance |[ ] [ ] [ ]
| Transportation to/from Work |[ ] [ ] [ ]
| Childcare |[ ] [ ] [ ]
| Medical, Health and/or Treatment |[ ] [ ] [ ]
| Required Work Attire |[ ] [ ] [ ]
| Workplace Safety |[ ] [ ] [ ]
| Employee Orientation |[ ] [ ] [ ]
| Job Accommodations |[ ] [ ] [ ]
| Supervision & Feedback |[ ] [ ] [ ]
| On-the-Job Training |[ ] [ ] [ ]
| Off-site Job Coaching Waiver |[ ] [ ] [ ]
| Natural Supports |[ ] [ ] [ ]

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| **Approval of Job Placement** |
| ***Note:*** Employment placement **must** be discussed with and approved by the customer’s VRC. |
| Does the VRC consider this job placement to be a satisfactory match in terms of the customer’saptitudes, interests, skills, strengths, and limitations? [ ]  Yes [ ]  NoIf No, please explain: Enter reason(s) job match was not approved (if applicable). |
| Documentation of work hours and pay rate, submitted with this placement report are from:  [ ]  Pay Stub [ ]  Direct Deposit [ ]  Other (employer verification) (***Note*:** If wage verification is not readily available, Customer and Vendor signature on this report satisfies the wage verification requirement) |

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

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

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

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