

**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 promote  job retention. Provide an explanation when applicable and use N/A for areas that do not apply. | | | |
| Employment Factor | Addressed | Needs to be  Addressed | 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’s  aptitudes, interests, skills, strengths, and limitations?  Yes  No  If 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. |