



Supported Employment Services

Check Appropriate Service:

- ☐ **573X - Intensive Services Job Placement - Adult**
- ☐ **1573X - Intensive Services Job Placement - Youth (under age 25)**

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:	

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)	
Business (Employer) Name:	
Business Address:	
Supervisor's Name:	
Employment Start Date:	
Work Schedule / Hours:	
Wage Information: (Note: Hours & Wage documentation Required within 30 days of placement)	
Job Description / Duties:	

Medical Benefits:

☐ Yes

☐ No

Other Benefits:

List any hiring incentives utilized
(WTO, OJT, Tax Credit, etc.):

Work Performance

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.

What job tasks does the participant need to learn, during the next phase of employment?

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):

List and identify natural supports for employment.

Additional comments:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, Health and/or Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Work Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision & Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site Job Coaching Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval of Job Placement
Note: Employment placement must be discussed with and approved by the customer's VRC.
<p>Does the VRC consider this job placement to be a satisfactory match in terms of the customer's aptitudes, interests, skills, strengths, and limitations?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
If No, please explain:
<p>Documentation of work hours and pay rate, submitted with this placement report are from:</p> <p style="text-align: center;"><input type="checkbox"/> Pay Stub <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (employer verification)</p>

(**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.

Customer Signature

Date

Printed Name

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

Completed By:

Printed Name

Title

Phone:

Email: