VR-574X

Supported Employment Services

Supported Employment Stabilization

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:	

Employment Details **This is a Final Report Submitted for Payment** *The Supported Employment Extended Services Plan must be submitted with the VR-574X*
Job Title: (***Note:*** Title should match IPE Employment Goal)
Business (Employer) Name:
Business Address:
Supervisor:
Employment Start Date:
Employment Stabilization Date *NOTE: Enter agreed upon date (with documentation) OR Leave Blank and ACCES-VR will provide you with the stabilization date after approval*
Work Schedule / Hours:
Wage Information: (verification of hours & wages at stabilization required for payment)
Employment Details:

Revised: 2/5/2024

Medical Benefits:	☐ Yes	☐ No
Other Benefits:		
Extended Funding Source:	☐ ACCES-VR	
Stabilization marks the **End of Intensive SE services** and indicates agreement to **transition to Extended SE** services.	☐ OPWDD	☐ Other
	☐ OMH	☐ PROS

☐ *By checking this box, vendor is attesting that customer is eligible for OMH supported employment extended through OISE or PROS ORS and funding is anticipated at time of stabilization for this customer.*

Criteria For Stabilization

Is the Customer able to perform the essential functions of the job, with or without reasonable accommodations? ☐ Yes ☐ No

Has the Customer sustained the job with the lowest level of support necessary? ☐ Yes ☐ No

Please comment on the frequency of job coaching needed to sustain employment.

Have the Natural Supports been developed for this job? ☐ Yes ☐ No

Please Identify the natural and other supports available for the customer's ongoing stable employment.

Job Performance and Satisfaction

Please explain how the customer's job performance meets the requirements of the position.

How does the employer provide ongoing feedback on work performance?

List any areas of performance that require improvement and note strategies that address these areas:

1.

2.

3.

Respond Yes if the customer has demonstrated the skill; No if the employee has not attained the skill and N/A if not applicable:

Job Performance & Retention Factors	Yes	No	N/A
Maintains attendance	☐	☐	☐
If no,			
Demonstrates punctuality	☐	☐	☐
If no,			
Arrives appropriately prepared for the worksite	☐	☐	☐
If no,			
Completes work to the business quality standards	☐	☐	☐
If no,			
Completes work accurately & on time	☐	☐	☐
If no,			
Organizes & prioritizes work activities	☐	☐	☐
If no,			
Follows work-related rules and safety regulations	☐	☐	☐
If no,			
Responds positively to supervisor feedback	☐	☐	☐
If no,			
Asks for clarification of directions and tasks	☐	☐	☐
If no,			
Requests assistance when needed	☐	☐	☐
If no,			
Communicates well with coworkers and others	☐	☐	☐
If no,			
Demonstrates effective problem-solving skills	☐	☐	☐
If no,			

Exhibits self-direction and initiative	☐	☐	☐
If no,			
Works well independently and as part of a team	☐	☐	☐
If no,			

Stabilization requires the above Job Performance and Retention Factors questions are rated Yes or N/A and there is agreement by the customer, the vendor, and the ACCES-VR counselor. The stabilization report must be signed by the customer and submitted by the vendor with the name/contact information for the staff member completing the form and approved by the ACCES-VR Counselor. The stabilization date will be the day that the ACCES-VR Counselor approves the Stabilization Report, or the date agreed upon by all parties, in writing, prior to the report being submitted. The documentation of prior approval must be submitted with this report.

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: