

**Supported Employment Services**

**Check Appropriate Service:**

**575X - Supported Employment Job Retention (Post Stabilization) - Adult**

**1575X - Supported Employment Job Retention (Post Stabilization) - 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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| **Employment Details**  **This is a Final Report Submitted for Payment** | |
| **Job Title:** (***Note:*** Title should match IPE Employment 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:** | Click here to enter Supervisor Name |
| **Employment Start Date:** | Click here to enter Start Date. |
| **Employment Stabilization Date:** | Click to enter a stabilization date. |
| **Date 90-day Retention Achieved:**(575X milestone is achieved after 90 days from ***stabilization date above***) | Click here to enter 90-Day Retention Date. |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information:**  (Documentation of hours & wages at job retention required for payment) | Click here to enter hours and wage information. |
| **Employment Details:** | Click here to enter Job Tasks and Responsibilities |
| **Medical Benefits:** | Yes  No |
| **Other Benefits:** | Click here to enter benefit information.Write **None** if not applicable. |

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| **Transition to Extended Services & Case Closure (Adult and Youth under age 25)** | | |
| **Indicate Extended Funding Source** | | |
|  | ACCES-VR | ACCES-VR Youth |
| ***Note:*** Documentation of Extended funding eligibility is Required with report | OPWDD | Other |
|  | OMH | PROS |
| **Check here if the Customer is a Youth (under age 25)** | Customer is a Youth |  |
| **Is the customer aware that they may reapply for ACCES-VR Services if their employment situation changes?** | Yes | No |
| Describe Job Retention Services Provided: Describe retention services. | | |

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| **Job Performance and Satisfaction** | | |
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| Please explain how the customer’s job performance meets the requirements of the position.  Click here to enter Job Performance summary. | | |
| Have there been any changes in the job tasks since stabilization?  Yes  No  Describe any changes to job tasks: Enter any changes in job tasks. | | |
| Discuss employer comments and feedback on customer’s overall work performance?  Click here to enter Employer feedback. | | |
| Does the Employee: | | |
| **Perform all job tasks successfully?** | Yes | No |
| **Maintain attendance and punctuality?** | Yes | No |
| **Communicate effectively with supervisor and co-workers?** | Yes | No |
| **Please describe any additional performance accomplishments and/or concerns:**  Enter customer’s accomplishments and note any job retention concerns. | | |

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| **Please describe long term and natural supports in place and how they will assist in job retention:** | | | | | | | |
| **Long-Term Natural Support** | | **How does support promote job retention** | | | | | |
| Enter Natural Support. | | Enter type of employment support | | | | | |
| Enter Natural Support. | | Enter type of employment support | | | | | |
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|  | | | | | | | |
| **Extended Service Plan** | | | | | | | |
| **Please discuss the Extended Services Plan being developed.**  Click to enter Extended Service Plan details. | | | | | | | |
| **Is there an expected need for VR Post-Employment services beyond extended services (i.e., tools, clothing, equipment, transportation)?** | | | | Yes  No | | | |
| If Post-Employment services are needed, please describe services below and discuss these services with customer’s VRC.  Enter anticipated Post-Employment Services and the date discussed with VRC.  Date of discussion with VRC Click here to enter a date. | | | | | | | |
| **Customer Satisfaction**  (Vendor should assist the customer in completing job satisfaction survey) | | | | | | | |
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| Are you satisfied with the tasks, work schedule and hours of your job? | | | | Yes | | | No |
| Are you able to get to work each day? | | | | Yes | | | No |
| Do you think you will need additional help in any of your work responsibilities? | | | | Yes | | | No |
| Do you have adequate opportunities to communicate with your supervisor? | | | | Yes | | | No |
| Overall, how would you rate your satisfaction with employment? | | | | | | | |
| **Very Satisfied** | **Satisfied** | | **Dissatisfied** | | **Very Dissatisfied** | | |
| **Please comment on your rating above:** Discuss job satisfaction | | | | | | | |
| **Employer Satisfaction** | | | | | | | |
| Is the employer satisfied with the customer’s work performance? | | | | Yes | | No | |
| Has the employer identified areas for improvement? | | | | Yes | | No | |
| If employer has noted areas for improvement, please discuss what is needed to increase work performance.  Enter work performance concerns and discuss strategies to improve performance | | | | | | | |
| Will the employee have opportunities for advancement? | | | | Yes | | No | |
| Will the employee have an opportunity for health care or other benefits, from the employer? | | | | Yes | | No | |

**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. |