

**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)**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **Job Performance and Satisfaction** |
|  |
| 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. |

|  |
| --- |
| **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  |
| Enter Natural Support. | Enter type of employment support  |
|  |
| **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) |
|  |  |
| 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.**

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

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

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