

**Supported Employment Services**

**Extended Supported Employment for Adult**

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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  |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
| Service Month(s): Enter month(s) of service. | Report Date: Click to enter a date. |
| Billing Interval: [ ]  Monthly [ ]  Quarterly (only to be used for ASE cases) |

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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 |

**Total Units being billed: Click to enter Total Units being billed on this report.**

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| **Extended Services Funding Eligibility** |
| Is the customer **ELIGIBLE** for Extended Services Funding through OPWDD or OMH ?  |  [ ]  Yes [ ]  No |
| If eligible, identify funding source:  |  [ ]  OMH [ ]  OPWDD (Other) |
| If No, please include documentation of denial, or state how vendor can assist customer to apply for Extended Services funding.Click here to explain status of Extended Funding eligibility or application process. |
|  Has the Customer maintained the same job with the same employer since initial stabilization date? [ ]  Yes [ ]  No  |
|  If No, please explain: Click here to explain. |
| **Employment Details** |
| **Job Title:**  | 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. |
| **Essential Functions of the Position:** | Click here to enter essential job functions  |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information:**  | Click here to enter wage information. |

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| **Extended Services Details*****Note:* Unit of Service is a minimum of two (2) customer contacts and one employer contact (if disclosed) monthly.**  |

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| **Customer Contacts During Report Period** |
| **Date** | **On-site Contacts** | **Off-site Virtual, Phone and/or Email**  |
| Click to enter date. |  Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
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| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Enter additional information:Click here to enter additional information. |
| **Total Time** | **Account for total time spent** | **Account for total time spent** |

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| **Employer Contact** **(if customer’s disability and employment support is disclosed)** |
| **Date** | **On-site Contacts**(amount of time) | **Off-site Virtual, Phone and/or Email** (amount of time) |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Enter additional information:Click here to enter additional information. |
| **Total Time** | **Account for total time spent** | **Account for total time spent** |

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| **Worksite Observations**  |
| **Discuss Customer’s work performance based on observations and discussion:**Click here to enter work performance observations & discussion. |
| **Comment on customer’s satisfaction with employment and extended support:**Click here to enter customer satisfaction with the job and extended support.**Describe natural supports in place:**Click here to describe natural supports. |

**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. |