

**Supported Employment Services**

**Extended Supported Employment for Youth**

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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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| **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 |
| If No, please include documentation of denial, or state how vendor can assist customer to apply for Extended Services funding.  Click or tap here to enter text. | |

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| **Extended Services Details**  ***Note:* Unit of Service is a minimum of two (2) customer contacts monthly on-site, or if off-site, two customer contacts and one Employer contact (approved by customer)** | |
| **Customer’s Date of Birth:** | Click to enter a date of birth. |
| **Date Customer reaches Age 25:** | Click to enter date. |
| **Date of Entry into Extended Services:** | Click to enter date. |
| **Date of 48 Months from start of Extended Services:** | Click to enter date. |
| Has the Customer maintained the same job with the same employer since initial stabilization date?  Yes  No | |
| If No; Please explain: Click or tap here to enter text. | |
| **Employment Details** | |
| **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. |
| **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. |

**Are off-site coaching services approved by the VRC?  Yes  No**

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| **Customer Contacts During Report Period** | | | |
| **Date** | **On-site Contacts** | | **Off-site Virtual, and/or Phone** |
| 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**  **Is customer’s disability and employment support disclosed with the Employer?**  **YES  NO**  **(If no, following section can be skipped)** | | |
| **Date** | **On-site Contacts**  (amount of time) | **Off-site Virtual, and/or Phone**  (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 |
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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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| **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. |

**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. |