

**Job Placement Services**

**Check Appropriate Box:**

 [ ]  **932X - Job Retention Services**

[ ]  **937X - Job Retention Services (Deaf Service)**

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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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| **Job Retention Information****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 |
| **Employment Start Date:** | Click here to enter Start Date. |
| **Date 90-day Retention:** | Click here to enter 90-Day Retention Date. |
| **Work Schedule / Hours:** | Click here to enter Work Schedule (days / hours) |
| **Wage Information: (pay stub)** | Click here to enter wage information |
|  **Essential Functions of the Position:** Please provide a description of job tasks, duties, and responsibilities |
| **Is the Customer meeting the Employer’s expectations?**  | [ ]  Yes [ ]  No  |  |
| **Medical Benefits:** | [ ]  Yes [ ]  No  |  |
| **Other Benefits:** |  Click here to enter benefit information, or write **None** if not applicable. |

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| **Is the customer satisfied with Employment Placement?** | [ ]  Yes [ ]  No  |
| **Is the customer Agreeable to Case Closure?** | [ ]  Yes [ ]  No  |
| **Is the customer aware that they may reapply for ACCES-VR Services if their employment situation changes?** | [ ]  Yes [ ]  No  |
|  **Describe Retention Services Provided:** Click to enter Retention Services Provided |
|  **Additional Comments:** Click here to enter any comments |
|  **Was this report submitted within 30 business days from 90-day job**  **retention?** | [ ] Yes  | [ ] No |
|  **If not, please indicate reason(s):** Click here to enter reason for delay. |

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. |