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| **Texas Workforce Solutions logo** | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Project SEARCH Job Placement Services Plan** | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | |
| 1. The customer, VR counselor, Job Placement Specialist, and any other Project SEARCH team members meet to finalize this form. 2. When the form is completed, each participant and Project SEARCH team member should receive a copy to ensure they are aware of the customer’s employment interest. 3. If the employment goals change or non-negotiable conditions become negotiable,  a new updated Placement Plan must be completed by holding a Job Placement Planning Meeting before the customer begins employment.  VRS staff members and the customer will make the final decisions related to the employment goal and non-negotiable conditions. | | | | | | | | | | | | |
| **Case Information** | | | | | | | | | | | | |
| **Customer’s name:** | | | | | | | **Case ID:** | | | | | |
| **Form completed for:**  Establishment of Plan  Update of Plan | | | | | | | | | | | | |
| **Placement Planning Meeting Information** | | | | | | | | | | | | |
| **Location of meeting:** | | | | **Date:**  **Time:** | | | | | | | | |
| **Customer’s name:** | | | | **Guardian’s name, if applicable:** | | | | | | | | |
| **Counselor’s name:** | | | | **Provider’s name:** | | | | | | | | |
| **Record the names of any other persons attending the meeting and indicate their relationships to the customer.** | | | | | | | | | | | | |
| **Name** | **Relationship** | | **Name** | | | | | **Relationship** | | | | |
|  |  | |  | | | | |  | | | | |
|  |  | |  | | | | |  | | | | |
| **Skills, Abilities, Knowledge, Experience, Training, and Education**  **Related to Employment** | | | | | | | | | | | | |
| **List the attributes related to employment that the customer identifies and that the meeting attendees agree on**. | | | | | | | | | | | | |
| 1. | | | | | 2. | | | | | | | |
| 3. | | | | | 4. | | | | | | | |
| 5. | | | | | 6. | | | | | | | |
| 7. | | | | | 8. | | | | | | | |
| 9. | | | | | 10. | | | | | | | |
| **Employment Conditions** | | | | | | | | | | | | |
| **Non-negotiable conditions** are those that a customer has indicated must be or must not be present in a job. **Negotiable conditions** are those that a customer would like the provider to consider when looking for a job. **Note:** All (100%) of the non-negotiable employment conditions and 50 percent or more of negotiable conditions must be met before the customer is placed. | | | | | | | | | | **The job placement specialist records each employment condition that is met at Placement** | | |
| **Employment Conditions** | | | | **Negotiable** | | **Non-negotiable** | | | | **Achieved** | | **Not Achieved** |
| 1. Number of hours to work per week:  Minimum       and maximum | | | | N/A | |  | | | |  | |  |
| 2. Hours per shift:  Minimum       and maximum | | | | N/A | |  | | | |  | |  |
| 3. Weekday hours available:  Monday: | | | |  | |  | | | |  | |  |
| Tuesday: | | | |  | |  | | | |  | |  |
| Wednesday: | | | |  | |  | | | |  | |  |
| Thursday: | | | |  | |  | | | |  | |  |
| Friday: | | | |  | |  | | | |  | |  |
| 4. Weekend hours available:  Saturday: | | | |  | |  | | | |  | |  |
| Sunday: | | | |  | |  | | | |  | |  |
| 5. Earnings cannot be less than (choose one):        /month, or       /week, or       /hour | | | |  | |  | | | |  | |  |
| 6. Distance or time willing to travel to and from work: | | | |  | |  | | | |  | |  |
| 7. Transportation methods: | | | |  | |  | | | |  | |  |
| 8. Mandatory commitments that must be accommodated (examples: school, classes, religious observances): | | | |  | |  | | | |  | |  |
|  | | | |  | |  | | | |  | |  |
| 9. Job site accommodations and other support needs (for example, physical restrictions, supervision, compensatory techniques, training, or adaptive equipment): | | | |  | |  | | | |  | |  |
|  | | | |  | |  | | | |  | |  |
|  | | | |  | |  | | | |  | |  |
|  | | | |  | |  | | | |  | |  |
| 10. Other: | | | |  | |  | | | |  | |  |
| 11. Other: | | | |  | |  | | | |  | |  |
| **Service Delivery** | | | | | | | | | | | | |
| VR counselor approves the training required in Benchmark A to be provided: (check one)  In person  Remotely  Combination, in person and remotely.  VR counselor approves the visits between 5th day of employment and 45 day be provided:  In person at job site  In person at or away from job site  Remotely  Combination, in person and remotely.  VR counselor approves the visits between the 46th day of employment and the 90th day employment be provided:  In person at job site  In person at or away from job site  Remotely  Combination, in person and remotely. | | | | | | | | | | | | |
| **Employment Goals** | | | | | | | | | | | | |
| **6-Digit SOC Codes** | **Measurable employment goals** (At least one goal must be achieved.) | | | | | | | | **Achieved at Placement** | | | |
| **Yes** | | **No** | |
|  |  | | | | | | | |  | |  | |
|  |  | | | | | | | |  | |  | |
|  |  | | | | | | | |  | |  | |
| **VR Counselor Signature** | | | | | | | | | | | | |
| I, the Vocational Rehabilitation Counselor, agree with information recorded on this form. | | | | | | | | | | | | |
| **VR Counselor’s signature:**  **X** | | | | | | | | **Date:** | | | | |

|  |  |  |
| --- | --- | --- |
| **Customer Signatures** | | |
| **Verification of the customer’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature (See VR-SFP 3 on Signatures)  By sending a copy of the document returned with a scanned signature  Unable to obtain signature, describe attempts:  Email verification, per VR-SFP 3 (must be attached) | | |
| I, the customer, am satisfied and agree with the information on this form. | | |
| **Customer’s signature:**  **X** | | **Date Signed:** |
| **Provider Signatures** | | |
| **Job Placement Specialist signature** | | |
| I, the Job Placement Provider, agree with information recorded on this form. | | |
| **Typed or Printed name**: | **Signature:** (see VR-SFP 3 on Signatures)  **X** | **Date Signed**: |