



Supported Employment Plan and Employment Report

Instructions

During any SE Plan meeting, the VR counselor is responsible for:

- Completing the Customer Information section through the Extended Services section
- Obtaining signatures from the customer and Supported Employment (SE) specialist
- Providing signed copies to the customer and the SE specialist
- Providing an electronically fillable (Microsoft Word) copy to the SE specialist

Once the customer is employed, the SE specialist is responsible for:

- Indicating whether the Employment Conditions are achieved each time the report is submitted
- Updating the Extended Services section each time the report is submitted
- Filling out and updating the Employment Information section each time the report is submitted
- Obtaining required signatures
- Filing copies of all reports in the provider's case file

Note: If customer requires more than 6 job retention periods, complete a second VR1632.

Customer Information

Customer Name:

Case ID:

SE Plan Meeting

Date of Meeting:

Original Meeting

Amended Plan Meeting

Attendees

1. Customer:	2. VR Counselor:	3. SE Specialist:
4. Relation:	5. Relation:	6. Relation:

Job Interests

Describe the customer's job interests:

Potential Job Tasks (customer's placement must include 2 of these tasks)

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

Employment Conditions (customer's placement must meet all non-negotiables)

Employment Conditions		Non- Negotiable	Achieved At						Service Closure	
			Job Placement	Job Retention Period						
				1 st	2 nd	3 rd	4 th	5 th		6 th
Note: All non-negotiable conditions must be achieved at each reporting period; negotiables are preferences										
1. Average Number of hours per week: Minimum: Max:										
2. Average Number of hours per shift: Minimum: Max:										
3. Days or times the customer is <u>not</u> available to work: or <input type="checkbox"/> NA-customer available 24/7										
4. Earnings hourly or monthly: At a minimum \$ At a maximum \$ <input type="checkbox"/> NA-no max										
5. Travel time and/or distance to and from work:										
6. Transportation to and from work: (✓ all that apply) <input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Caregiver <input type="checkbox"/> Group Home <input type="checkbox"/> Parent <input type="checkbox"/> Paratransit <input type="checkbox"/> Rideshare <input type="checkbox"/> Walk Other: (if any)										
7. Support needs and accommodation(s) at job: (multiple support needs or accommodations, enter as "other")										
8. Environmental Preferences: (multiple preferences, enter as "other")										
9. Other:										
10. Other:										
11. Other:										
12. Other:										
13. Other:										

14. Other:

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Premiums Approved by VR Counselor (✓all that apply)

Autism Brain Injury Criminal Background Deaf Professional Placement Wage Blind Other:

Training Delivery Method (select one)

Only in-person Only remotely In person and/or remote as dependent on customer's needs

Note:

- Only remotely, and in person and/or remote as dependent on customer's needs; can be facilitated after the Job Analysis is complete and when employer agrees to allow customer to use required technology at jobsite.
- The VRC has determined the customer would benefit from remote services via a Service Authorization that indicates remote services.
- The 2 required in-person visits may not be done remotely.

Training Setting (select one)

Individual Group (maximum 4 customers to 1 trainer)

Provider and VR Contacts

SE Specialist will maintain contact with VR counselor every _____ days.

Contact to be made by: Email Phone Other, describe:

Extended Services (this section must be updated with each submission)

Date(s) section completed and updated:

Natural Supports (supports provided by coworkers, supervisor, parent, caregiver, friend, community member)

NA: Customer currently has no natural supports

Contact	Type and frequency of support
Name: Relation:	
Phone: Email:	
Name: Relation:	
Phone: Email:	
Name: Relation:	
Phone: Email:	

Extended Service Provider (supports funded by waiver, social security, local authority, paid for by customer, or other resource)

NA: Customer currently has no Extended Service Provider

Contact	Type and frequency of support

Job Stability Date(s): **SE Closure Meeting Date:** **Customer's Earnings at Closure:**

Summary of Visits: Job Stability through SE Closure

Note: Visits during Job Retention are recorded on the VR1634, Supported Training Plan and Job Retention Report.

Customer Visits- a minimum 2 visits required every 30 days	1st 30-day		2nd 30-day		3rd 30-day	
Customer's funded, paid and/or natural support Extended Service provider working as planned	Yes	No	Yes	No	Yes	No
Customer is satisfied with the position, hours, and wages	Yes	No	Yes	No	Yes	No
Customer has reliable transportation to and from the job site including a back-up plan	Yes	No	Yes	No	Yes	No
Customer appears to be meeting the physical and environmental demands of the position with accommodations and supports in place and working	Yes	No	Yes	No	Yes	No

1st-30-day: Visit date: Location	Visit date: Location:	Visit date: Location:
2nd-30-day: Visit date: Location	Visit date: Location:	Visit date: Location:
3rd-30-day: Visit date: Location	Visit date: Location:	Visit date: Location:

Additional Comments, if any (date entries):

Employer Contact- a minimum 1 contact required every 30 days	1st 30-day		2nd 30-day		3rd 30-day	
Employer reports satisfaction with the customer job performance?	Yes	No	Yes	No	Yes	No

1st-30-day: Contact date: Met with: Description of the employer's report:
2nd-30-day: Contact date: Met with: Description of the employer's report:
3rd-30-day: Contact date: Met with: Description of the employer's report:

Additional Comments, if any (date entries):

Signatures

Reason for Report

For: <input type="checkbox"/> Original SE Plan Meeting <input type="checkbox"/> Job Placement after 5 shifts worked <input type="checkbox"/> 3 rd Job Retention Period <input type="checkbox"/> 6 th Job Retention Period	<input type="checkbox"/> Updated SE Plan Meeting: Date: <input type="checkbox"/> 1 st Job Retention Period <input type="checkbox"/> 4 th Job Retention Period <input type="checkbox"/> Closure Benchmark	<input type="checkbox"/> 2 nd Job Retention Period <input type="checkbox"/> 5 th Job Retention Period
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VR Counselor Signature- Only required when the SE Plan is created or updated.

By signing below, you certify you completed the SE Plan at the SE Plan Meeting and agree with all content on the form.

Director Typed or Printed name:	Director Signature: X	Date Signed:
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Select all that apply: UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

VRS Use Only

Any VR staff member may complete the VRS Use Only section. If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices.

Provider Qualifications Verification

Director Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:
 maintained or waived the UNTWISE Director Credential did **not** hold a valid UNTWISE Director Credential

Supported Employment Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the Supported Employment Specialist listed above:
 maintained or waived the required UNTWISE Credential did **not** hold a valid UNTWISE Credential

UNTWISE Endorsements:

UNTWISE website verifies, for the dates of service, the Specialist listed above maintained the following endorsement:
 None Autism Brain Injury Blind Other, specify:

Qualifications Related to Deaf Premium:

Attached documentation verifies, for the dates of service, the specialist listed above maintained one of the following:
 Not applicable/no attachment BEI RID SLIPI

Report Verification

Verified that the report is accurate and complete, per form instructions and the SFP	Yes	No
Verified that the service was provided within the dates on the SA	Yes	No
Verified that the appropriate fee(s) was invoiced	Yes	No
Verified that the Employment Information section is accurate, complete, and updated	Yes	No
Verified customer is working in competitive integrated employment	Yes	No
Verified that the customer either worked: 5 shifts on 5 different days for the job development and placement benchmark, 28 days for each job retention benchmark, or 90 days between job stability and SE closure	Yes	No
Verified customer achieved 100% of non-negotiable employment conditions and at least 2 potential job tasks on SE Plan	Yes	No
Verified documentation of 2 in person visits at or away from jobsite with the customer and 1 employer visit each job retention period (see VR1634) or every 30 days between job stability and SE closure (see VR1632)	Yes	No
Verified customer satisfaction through signature on the form and/or by VR staff member contact with customer	Yes	No

VR staff name:

Date: