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| Texas Workforce Solutions logo | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Bundled Job Placement Services Plan Part B and Status Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Demographic Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Bundled Job Placement Services** | | | | | | | | | | | | | | | | | | | | | | | **Enhanced Bundled Job Placement Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | | | **VRS Case ID:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Service Authorization Number**: | | | | | | | | | | | | | | | | |
| **Placement Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VR counselor:** During the Job Placement Plan Meeting(s):   * Completes the VR1845A prior to completion of the original VR1845B. * Completes the Demographic, Placement Plan, Premiums, Service Delivery sections. * Records all Employment Conditions in measurable terms and indicate if each Employment Condition is “negotiable” or “non-negotiable.” * Records “N/A” if an Employment Condition does not apply to the customer or if a question is not applicable. * Provide signed copies to the customer and the Job Placement Specialist. * Provide an electronically fillable (Microsoft Word) copy to the Job Placement Specialist and save the original signed copy in the VRS case file.   **Job Placement Specialist:** After the customer is employed, submit the 1845B for each benchmark to:   * Document the Employment Conditions and Employment Goal. * Record, verify and update (as applicable) the Job Placement Information section. * Obtains all required signatures.   **Note:**   * Job Placement Specialist should maintain routine contact with the customer and VR counselor. * The placement count does not start until the day after the 1845B is completed or amended. * A customer must work the minimum hours on the 1845B each week for the week to count towards the achievement of 90 days of employment. * If the employment goal changes or non-negotiable conditions become negotiable or the customer loses a job and changes employers, an amended Placement Plan must be completed by holding a Job Placement Planning Meeting. * When a customer is placed in a new position with the same or new employer, a new 90-day count begins and 1845B is resubmitted. * VR staff members and the customer will make the final decisions related to the employment goal and the non-negotiable conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Meeting:** | | | | | | | | | | **Original Meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Amended Plan Meeting** | | | | | | | | | | | | | | | |
| **Attendees of Meeting:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Negotiable** | | | | **Non-Negotiable** | | | | | **Achieved at:** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | **5th day** | | **45th day** | **90th day** |
| 1. **Average number of hours per week:** Minimum       and maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| 1. **Average number of hours per shift:** Minimum       and maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| 1. **Minimum earnings hourly or monthly: $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| 1. **Maximum earnings hourly or monthly: $**        **or**  N/A-no max | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| 1. **Record the hours customer is able to work each day** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Monday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Tuesday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Wednesday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Thursday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Friday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Saturday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Sunday: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| 1. **Transportation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| Methods available(i.e., bus routes, car, walk, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
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| Time and/or distance to and from work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
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| 1. **Environmental Preferences:** (such as: busy, quiet, supervision, inside, outside) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
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| 1. **Describe mandatory commitment(s) and other support needs, if any:**   (such as: child and/elder care, religious observances, entitlements, waivers, criminal charges or convictions, and probation/parole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **List job site accommodation(s) and other support needs, if any:** (such as: physical restrictions, supervision, training needs, or adaptive equipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |  |  |
| **Employment Goal(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * VR staff will record no more than 3 Standard Occupational Classification (SOC) System Codes using the full, 6-digit SOC Cluster-SOC-Codes and will record the SOC Occupational Title and a description of the job responsibilities, skills, or work duties. * The job tasks for the job obtained must meet tasks included in the SOC code’s description. SOC job tasks can be found at: <https://www.onetonline.org/find/>   **Note:** It is not necessary to list all job tasks listed in the O’Net description. Summarize primary tasks the customer is to perform. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6-Digit SOC Code(s):** | | | **SOC Occupational Title:** | | | | | | | | | **Summary of**  **primary Job Tasks based on the SOC code to be performed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Achieved at:** | | | |
|  | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5th day** | | **45th day** | **90th day** |
| 1. | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| 2. | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| 3. | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Premiums Approved by VR Counselor** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autism | | Blind | | Brain Injury | | | Criminal Background | | | | | | | | | | | | | Professional Placement | | | | | | | | | | | | | | Wage | | | | Deaf Other: | | | | | | | | | | | | | | |
| **Service Delivery****(**Refer to SFP 3.4.8 Remote Service Delivery) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resume must be completed:** Yes  No | | | | | | | | | | | | | | | | **Mock interviews must be video recorded:** Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VR counselor approves training required in Benchmark A to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only in person at or away from job site | | | | | | | | | | | | | | | | | Only remote | | | | | | | | | | | | | | In person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | |
| **VR counselor approves the two required customer visits between the 6th day of employment and the 45th day to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only in person at or away from job site | | | | | | | | | | | | | | | | | Only remote | | | | | | | | | | | | | | In person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | |
| **VR counselor approves the two required customer visits between the 46th day of employment and the 90th day to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only in person at or away from job site | | | | | | | | | | | | | | | | | Only remote | | | | | | | | | | | | | | In person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | |
| **Job Placement Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date(s) section completed, updated, and verified:** | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | |  | | | | | | | |  | | |
| **Employer Information:**A new 1845B is competed if a customer begins a new job with a different employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **Main phone number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Website:** | | | | | | | | | | | | | | | | |
| **Street address:** | | | | | | | | | **City:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip:** | | | | | | | | | | | | | | | | |
| **Supervisor’s name:** | | | | | | | | | **Phone number(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | | | | | | |
| **Customer’s Placement:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the customer been promoted or changed position with the same employer?**  **Yes**  **No**  **If yes, record start date for new 90-day count:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer’s job title:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of job duties and responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the employment, work setting, and environment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any accommodations, compensatory techniques and/or training needs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average hours customer is working each week:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Type:** | | | | | Full-time | | | | | | Part-time | | | | | | | | | | | | | | | Other, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status:** | | | | | Permanent | | | | | | Temp to Hire | | | | | | | | | | | | | | | PRN “as needed” | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s employment benefits:** (e.g., insurance, vacation, sick leave) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe how you assisted the customer in obtaining the position:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any consultations made with the business:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment dates for the first 5 days worked:** | | | | | | | | | | | | | | Day 1: | | | | | | | | | | | | Day 2: | | | | | | | Day 3: | | | | | | | | Day 4: | | | | Day 5: | | | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Average number of hours worked each week:** | | | | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| **Customer states they have received the training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | |
| **Benchmark B**-If a customer is not working the average number of weekly hours or meeting non-negotiable employment conditions the customer's progression within the benchmark is frozen. (Refer to SFP 17.4.1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of 45th day met:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average number of hours customer is working each week:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | |
| **Customer states they have received training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | |
| **Customer Visits** (Minimum 2 visits required)   Remote service delivery must be face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | **Time:** | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **Held:** | Only in person at or away from job site | | | | | | | | | | | | Only remotely | | | | | | | | | | | | | | | Either, in person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | **Time:** | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **Held:** | Only in person at or away from job site | | | | | | | | | | | | Only remotely | | | | | | | | | | | | | | | Either, in person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional visits, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Contact** (not required, but a best practice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No contacts made with the employer at the request of the customer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer reports satisfaction with the customer’s job performance?** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact date:** | | | | | | | | | **Met with:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | | | | | | | | | | | | | | |
| **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional contacts/consultations, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark C**-If a customer is not working the average number of weekly hours or meeting non-negotiable employment conditions the customer's progression within the benchmark is frozen. (Refer to SFP 17.4.1)      . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of 90th day met:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average number of hours customer is working each week:** | | | | | | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer states they have received training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer Visits** (Minimum 2 visits required)   Remote service delivery must be face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | **Time:** | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **Held:** | Only in person at or away from job site | | | | | | | | | | | | Only remotely | | | | | | | | | | | | | | | Either, in person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | **Time:** | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **Held:** | Only in person at or away from job site | | | | | | | | | | | | Only remotely | | | | | | | | | | | | | | | Either, in person and/or remote as dependent on customer’s needs | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional visits, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Contact** (not required, but a best practice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No contacts made with the employer at the request of the customer.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Employer reports satisfaction with the customer’s job performance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | |
| **Contact date:** | | | | | | | | | **Met with:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | | | | | | | | | | | | | | |
| **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional contacts/consultations, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** (See VR-SFP 3 on Signatures) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For:**  JP Plan Meeting | | | | | | Benchmark A | | | | | | | | | | | | | | Benchmark B | | | | | | | | | | | | Benchmark C | | | | | | | | | | | | | | | | | | | | |
| **VR Counselor Signature-** Only required when the Job Placement Plan is created or updated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing below, you certify you completed the JP Plan at the JP Plan Meeting and agree with all content on the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VR Counselor’s typed name:** | | | | | | | | | | | | | | | | | | | **VR Counselor’s signature:**  **X** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date signed:** | | | | | | |
| **Customer and Authorized Representative Signature-** required each time for form submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- |
| **Verification of the customer’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature  By sending a copy of the document returned with a scanned signature  Unable to obtain signature. Record the date, time and method of each attempt (3 different dates required): |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By signing, I agree:   * I am satisfied with the information on the VR1845A; * I am satisfied my job will be based on the employment conditions, and employment goal identified on this form; * After the job is secured, I agree I am satisfied with the job’s hours, wages, agree the employment conditions recorded above are being  met and verify the visits recorded have happened. * The customer’s satisfaction and service delivery were obtained as stated above. | | | | | | | | | |
| **Customer’s typed name:** | | | **Customer’s signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | **Date signed:** | |
| **Job Placement Specialist Signature** (required each time form is submitted) | | | | | | | | | |
| By signing below, I certify that:   * For Placement Planning Meeting(s) I am in agreement with the Employment Conditions and Employment Goal(s) recorded on the 1845B; or * For the Benchmark A, B or C Status Reports: * I secured and assisted the customer with a position that meets 100% of the non-negotiable  and 50% of the negotiable conditions, and one of the six-digit SOCs listed on this form; * Customer’s job responsibilities match those on the SOC listed as the achieved employment goal; * Verification of the customer’s satisfaction and service delivery obtained as state above; * I made the required customer visits and employer contacts; * The employment information on this form is accurate and has been updated if anything has changed; * The 90-day count of employment is continuous, and the customer has not taken a new position with the same or new employer during the  count; and * I maintain the staff qualifications required for a Job Placement Specialist as described in the VR-SFP or Service Authorization. | | | | | | | | | |
| **Job Placement Specialist’s typed name:** | | | **Job Placement Specialist’s signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | **Date signed:** | |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  **Endorsements:**  None  Autism Blind  Brain Injury Deaf - RID/BEI/SLIPI with Number:       or  proof attached  Other, specify: | | | | | | | | | |
| **Director** (only required for Traditional-Bilateral Contractors) | | | | | | | | | |
| **By signing below, I, the Director, certify that:**   * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented,   as prescribed in the VR-SFP and service authorization; * I maintain UNTWISE Director credential, as prescribed in VR-SFP; * I signed my signature and entered the date below. | | | | | | | | | |
| **Director typed or printed name:** | | | **Director Signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | | **Date Signed:** |
| **Select all that apply:** | UNTWISE Credentialed with ID: | | | | VR3490-Waiver Proof Attached | | | | |
| **VRS Use Only** | | | | | | | | | |
| 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. Make a case note to document the results of the review and the date VR3460 was sent to the provider, when applicable. | | | | | | | | | |
| **Technical Review to Verify Provider Qualifications** (Completed by any VR staff such as RA, CSC, VR Counselor) | | | | | | | | | |
| **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 | | | | | | | | | |
| **Job Placement Specialist’s Credential:** | | | | | | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialist listed above:  maintained or waived the required UNTWISE Credential did **not** holda valid UNTWISE Credential | | | | | | | | | |
| **UNTWISE Endorsement(s):** | | | | | | | | | |
| UNTWISE website verifies, for the dates of service, the Job Placement Specialist listed above maintained the following endorsement:  None  Autism  Blind  Brain Injury  Other, specify: | | | | | | | | | |
| **Qualifications Related to Deaf Premium:** | | | | | | | | | |
| Attached documentation verifies, for the dates of service, the Job Placement specialist listed above maintained one of the following:  Not applicable/no attachment  BEI  RID  SLIPI | | | | | | | | | |
| **Verification of Service Delivery** | | | | | | | | | |
| **Technical Review** (completed by any VR staff, such as RA, CSC, VR Counselor) | | | | | | | | | |
| Verified the report is accurately completed per form instructions: | | | | | | | | | Yes  No |
| Verified the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA: | | | | | | | | | Yes  No |
| Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form: | | | | | | | | | Yes  No |
| When applicable, verified a copy of an approved VR3472 is attached to the report: | | | | | | | NA  Yes  No | | |
| Verified the customer’s current employment and employer information is described on the form: | | | | | | | | | Yes  No |
| Verified the customer worked 5 days prior to achievement of Benchmark A or worked 45 days for achievement of Benchmark B  or worked 90 days with the same employer in the same position for achievement of Benchmark C: | | | | | | | | | Yes  No |
| Verified there were 2 in-person visits at or away from job site with the customer from day 6 through day 45 and from day 46 through 90: | | | | | | | | | Yes  No |
| Verified the customer’s satisfaction with the training through signature on the form and/or by VR staff member contact with customer: | | | | | | | | | Yes  No |
| Verified the appropriate fee(s) was invoiced: | | | | | | | | | Yes  No |
| **Print staff member(s) names who completed the technical review and/or verified the UNTWISE Credentials:** | | | | | | | | | |
| 1. | | Date: | | 2. | | Date: | | | |
| **VR Counselor Review** | | | | | | | | | |
| Verified a CIE checklist is not required: | | | | | | | | | Yes  No |
| Verified the customer worked 90 days with the same employer in the same position: | | | | | | | | | Yes  No |
| Verified customer achieved 100% of non-negotiable employment conditions and at least 50% of the negotiable employment conditions at achievement of each benchmark: | | | | | | | | | Yes  No |
| Verified customer has achieved the employment goal on form by matching one of the six-digit SOCs and is performing job tasks and responsibilities that are included in the ONet description for the six-digit SOCs: | | | | | | | | | Yes  No |
| Verified Job Placement Specialist assisted the customer in securing the job placement (training, job leads, etc.): | | | | | | | | | Yes  No |
| Verified the products produced from the service are accurate, professional, and of acceptable quality (e.g., VR1850, elevator speech) | | | | | | | | | Yes  No |
| **By typing or printing your name, the VRC verifies:**   * completion of the technical review; * services provided met the customer’s individual needs; * services provided met specifications in the VR-SFP and on the SA; and * customer’s satisfaction with services received.   **Approve to pay invoice**  **Do not approve to pay invoice** | | | | | | | | | |
| **VR Counselor:** | | | | | | | | | Date: |