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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
 |   | [x]  | [ ]  | [ ]  | [ ]  |
| 1. **Average number of hours per shift:** Minimum       and maximum
 |   | [x]  | [ ]  | [ ]  | [ ]  |
| 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.) |  |  |  |  |  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Time and/or distance to and from work:  |  |  |  |  |  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **Environmental Preferences:** (such as: busy, quiet, supervision, inside, outside)
 |  |  |  |  |  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 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)     |
| * 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| * 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| * 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **List job site accommodation(s) and other support needs, if any:** (such as: physical restrictions, supervision, training needs, or adaptive equipment)
 |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 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):       |

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| 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:       |