TEXAS WORKFORCE SOLUTIONS

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		☒	☐	☐	☐
2. **Average number of hours per shift:** Minimum and maximum		☒	☐	☐	☐
3. **Minimum earnings hourly or monthly: $**	☐	☐	☐	☐	☐

4. **Maximum earnings hourly or monthly: $** **or** ☐ N/A-no max	☐	☐	☐	☐	☐
5. **Record the hours customer is able to work each day**					
Monday:	☐	☐	☐	☐	☐
Tuesday:	☐	☐	☐	☐	☐
Wednesday:	☐	☐	☐	☐	☐
Thursday:	☐	☐	☐	☐	☐
Friday:	☐	☐	☐	☐	☐
Saturday:	☐	☐	☐	☐	☐
Sunday:	☐	☐	☐	☐	☐
6. **Transportation** Methods available (i.e., bus routes, car, walk, etc.)	☐	☐	☐	☐	☐
Time and/or distance to and from work:	☐	☐	☐	☐	☐
7. **Environmental Preferences:** (such as: busy, quiet, supervision, inside, outside)	☐	☐	☐	☐	☐
8. **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)					
a.	☐	☐	☐	☐	☐
b.	☐	☐	☐	☐	☐
c.	☐	☐	☐	☐	☐
9. **List job site accommodation(s) and other support needs, if any:** (such as: physical restrictions, supervision, training needs, or adaptive equipment)					
a.	☐	☐	☐	☐	☐
b.	☐	☐	☐	☐	☐
c.	☐	☐	☐	☐	☐
10. **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

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)	**Date signed:**

	X	

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** hold a 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 45days 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: