

Benchmark Achieved

Form completed for:

Benchmark A - 5th day completed on the job
Benchmark B - 45th day completed on the job
Benchmark C - 90th day completed on the job
Other:

Case Information

Customer name: _____ **Case ID:** _____

Service authorization (SA) number: _____

Customer's Employment Information

Instructions: Enter the most recent placement information below.

Employer's Information:

First placement Second placement Other:

Company name: _____

Street address (include suite number, if any): _____

City: _____ **State:** _____ **ZIP:** _____

Main phone number: () _____ **Supervisor phone number:** () _____

Customer's supervisor's name: _____

Supervisor's job title: _____ **Supervisor's email address:** _____

In the spaces below, check the best methods and times to contact the customer's supervisor:

<input type="checkbox"/> Phone	<input type="checkbox"/> Morning
<input type="checkbox"/> Email	<input type="checkbox"/> Noon to 5 p.m.
<input type="checkbox"/> Monday–Friday	<input type="checkbox"/> After 5 p.m.
<input type="checkbox"/> Weekends	<input type="checkbox"/> Other:

Job Placement Information

Instructions: Record the start date and end dates, if applicable, for placements gained and lost. When a customer is placed in a new position with the same or new employer, the placement count must start over for a new 90-day count.

First placement start date: _____

Second placement start date: _____ **Other placement start date:** _____

Customer Employee Information

How does the employer classify the position: (check all that apply; seasonal employment is not appropriate, unless approved by the VR Director using the [VR3472, Contracted Service Modification Request](#) form)

Employment Type: Full-time Part-time Other, describe: _____

Employment Status: Permanent PRN “as needed” when the minimum and maximum hours worked are maintained as identified on the VR3363					
Customer’s job title:			First day of paid employment (first day worked):		
Average total number of hours the customer works weekly:					
Hourly wage:			Weekly gross earnings:		
The customer is paid: Weekly Every two weeks Monthly Other:					
Customer’s Position Description					
List the customer’s primary job responsibilities:					
Summary of the Customer’s Employment					
Describe how the customer has adjusted to his or her job placement, including any issues or concerns and how they were addressed by the provider, employer, and customer.					
Record a summary of the customer’s performance related to the job’s essential and nonessential job responsibilities.					
Soft Skills					
Instructions: Use the scale below to rate the customer’s overall performance. <div style="text-align: center; margin-top: 10px;">Descriptions</div> Excellent: Performance far exceeded expectations because of exceptionally high quality of work. Very Good: Performance consistently exceeded expectations. Good: Performance consistently met expectations, at times possibly exceeding expectations. Marginal: Performance did not consistently meet expectations. Poor: Performance was consistently below expectations. Significant improvement is needed.					
Ability to learn	Excellent	Very Good	Good	Marginal	Poor
Accuracy of work	Excellent	Very Good	Good	Marginal	Poor
Accepts assistance	Excellent	Very Good	Good	Marginal	Poor
Adaptability	Excellent	Very Good	Good	Marginal	Poor
Appearance and hygiene	Excellent	Very Good	Good	Marginal	Poor
Attendance	Excellent	Very Good	Good	Marginal	Poor
Communication	Excellent	Very Good	Good	Marginal	Poor

Cooperativeness	Excellent	Very Good	Good	Marginal	Poor
Initiative	Excellent	Very Good	Good	Marginal	Poor
Motivation	Excellent	Very Good	Good	Marginal	Poor
Safety practices	Excellent	Very Good	Good	Marginal	Poor
Timeliness	Excellent	Very Good	Good	Marginal	Poor

Describe any accommodations, compensatory techniques, and special training needs that were identified or established at the worksite:

Describe any training provided by the business:

Describe any training and other services provided to the customer to help him or her gain or maintain employment:

Describe results from visits and any consultations made with the business:

Visits with the Customer

Customer Visits (Minimum 2 visits required)

Note: Remote service delivery must be face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable. (see SFP 3.4.8)

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

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Visit Date: **Time:** **Location:**
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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:

Additional comments, If any: (date entries)

**For Benchmark C- Only
Project SEARCH Extended Services, Retention Services,
and Long-Term Support Services Summary**

The contractor records all of the extended services, retention services, and long-term support services to be provided, managed, or arranged by long-term support organizations or natural sources of support to ensure the Customer is able to stay employed once VR closes the Customer's case. These services and sources of support include both on-site and off-site monitoring, as requested by the Customer or the Customer's legal representative to ensure that the Customer maintains job stability.

Description of the Extended Service, Retention Service, and/or Long-term Support Need	Frequency of Service and/or Need	Name, Title/Relationship and Contact Information of Person/Business providing the Service/Support Need
1.		
2.		
3.		
4.		
5.		
6.		

Customer Signature

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)

By signing below, I, the customer, certify that I received the service as recorded within the report above. If you are not satisfied with the service, contact your VR counselor.

Customer's signature:

X

Date Signed:

Provider Signature

Job Placement Specialist signature

By signing below, I certify that:

- the above dates, times, and services are accurate.
- I personally facilitated all services, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization.
- The customer's placement meets 100% of the nonnegotiable employment conditions, at least 50 percent of the negotiable employment conditions and one SOC code on the VR3363, Project SEARCH Job Placement Service Plan.

Typed or Printed name:	Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
Select all that apply: <input type="checkbox"/> UNTWISE Credentialed with ID: <input type="checkbox"/> VR3490-Waiver Proof Attached		
Director		
Director Typed or Printed name:	Director Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
Select all that apply: <input type="checkbox"/> UNTWISE Credentialed with ID: <input type="checkbox"/> 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 is 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's 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 Credential:		
UNTWISE website or attached VR3490 verifies, for the dates of service, the JP Speciliast listed above: maintained or waived the required UNTWISE Credential did not hold a valid UNTWISE Credential		
Report Verification		
Verified the report is accurate and complete, per form instructions and SFP 16	Yes	No
Verified the customer received the service via signature on the form or other method	Yes	No
Verified the service was provided within the dates on the SA	Yes	No
Verified the customer was placed in the same position for the entire 90-day placement count	Yes	No
Verified the appropriate fee was invoiced	Yes	No
VR staff name:		Date: