**SE MILESTONE-3 Behavioral Health**

**MILESTONE/SERVICE DATES:  START:** _____   **END** _____

| Client Name: | Address: | Phone Number: | Email: |
|---|---|---|---|

# M-3  SUPPORTED EMPLOYMENT JOB STABILIZATION REPORT

| VR Counselor: | Job Start Date: | Stabilization Date: |
|---|---|---|

| Name of Employer: | Job Title: |
|---|---|

| Hourly Wage: | Hours per Week: | Job Duties: |
|---|---|---|

**STABILIZATION CRITERIA:**

☐ Client satisfied with job & progress

☐ On the job minimum of 30 days

☐ Client performance meets employer expectations and stabilized

☐ Supports are sufficient to maintain job

Benefits:  ☐ Dental    ☐ Paid Vacation
☐ Health Insurance    ☐ None    ☐ Other
☐ Paid Sick Leave    ☐ Retirement Plan

Employer Feedback:  ☐ No Employer contact per client request

Name of Employer Contact:

**SUPPORTS PROVIDED THROUGH STABILIZATION:**

| SUPPORTS PROVIDED THROUGH STABILIZATION: | PROJECTED INTERVENTIONS: |
|---|---|
| ☐ Job Coaching-    ☐ On Site    ☐ Off Site | ☐ Job Coaching-    ☐ On Site    ☐ Off Site |
| ☐ Client Contact- _____ (number of contacts for this period)  ☐ Face to Face:    ☐ Phone, Email, Text: | ☐ Client Contact- _____ (number of contacts for this period)  ☐ Face to Face:    ☐ Phone, Email, Text: |
| ☐ Employer Contact – _____ (times per month):    ☐ NA | ☐ Employer Contact – _____ (times per month):    ☐ NA |
| ☐ Assistance Learning the Job | ☐ Job Retention Skills |
| ☐ Problem Solving | ☐ Problem Solving |
| ☐ Conflict Resolution | ☐ Conflict Resolution |
| ☐ Coordinate with Mental Health Providers / Symptom Management | ☐ Coordinate with Mental Health Providers / Symptom Management |
| ☐ Attendance Skills | ☐ Attendance Skills |
| ☐ Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps) | ☐ Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps) |
| ☐ Worksite Accommodations | ☐ Develop Natural Supports |
| ☐ Develop Work/Life Balance | ☐ Transportation Assistance |
| ☐ Develop Transportation Plan | ☐ Personal / Appearance |
| ☐ Personal / Appearance | ☐ Coping Skills |
| ☐ Coping Skills | ☐ We may contact you at work |
| ☐ Other: | ☐ We have reviewed possible risks involved in job |
| **Comments:** | ☐ Other: |
|  | **Comments:** |

Client Signature _____    Date _____

Authorized Representative Signature _____    Date _____

SE Specialist Signature _____    Date _____

VR Staff Signature _____    Date _____