



# CASE REVIEW-SUPPORTED EMPLOYMENT (MILESTONES)

04/2019

Client name: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Specialist: \_\_\_\_\_ SE Provider: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Previous client:  Yes  No Reason for return: \_\_\_\_\_

## ELIGIBILITY DATE \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Priority 1:  Yes  No Evidence supports decision:  Yes  No

Comments: \_\_\_\_\_

If priority changed, Functional Limitation added in QE 2?  Yes  No

Benefits Orientations:  Yes  No  NA

SSI  SSDI  OTHER \_\_\_\_\_

## PLANNING PROCESS IPE

Supported employment plan:  Yes  No

Reasons need supported employment (list): \_\_\_\_\_

Date of plan: \_\_\_\_\_

Goal: \_\_\_\_\_  P/T  F/T

If original plan amended to SE, is a copy of amendment in file?  Yes  No

Date of referral to provider: \_\_\_\_\_

Referral to Easter Seals for Benefits Planning:  Yes  No If no, reason: \_\_\_\_\_

Date of authorization for SE services (total): \_\_\_\_\_

Job Search Agreement-Date received: \_\_\_\_\_ Services listed: \_\_\_\_\_

Date of Payment for Milestone 1: \_\_\_\_\_

## START JOB

Copy of SE Job Placement form:  Yes  No Services provided: \_\_\_\_\_

Job information: \_\_\_\_\_

Reason for job goal change: \_\_\_\_\_

Amendment signed:  Yes  No

Date: \_\_\_\_\_

**STABILIZATION**

Copy of SE Job Stabilization Report:  Yes  No

Date of stabilization: \_\_\_\_\_

Date of Payment for Milestone 3: \_\_\_\_\_

Identified problems addressed & documented: \_\_\_\_\_

**SUCCESSFUL OUTCOME**

Copy of VR closure & Job Retention Report:  Yes  No

Employer agreement: \_\_\_\_\_

Date of last contact by provider: \_\_\_\_\_

Client agreement (VR contact):  Yes  No

Documentation of contact:  Yes  No

Mutual agreement for outcome:  Yes  No

Date of Successful Closure: \_\_\_\_\_

Date of Payment for Milestone 4: \_\_\_\_\_

**UNSUCCESSFUL CLOSURE DATA**

Reason: \_\_\_\_\_

Client, provider, VR in agreement:  Yes  No

**ADDITIONAL VR SERVICES**

SE Expenditure amount \$ \_\_\_\_\_

OJE: \_\_\_\_\_

OJT: \_\_\_\_\_

Skill training: \_\_\_\_\_

Transportation: \_\_\_\_\_

Clothes: \_\_\_\_\_

Other expenditures: \_\_\_\_\_

**DOCUMENTATION** of Provider and VR regular contact in case: \_\_\_\_\_