

SE MILESTONE-4 I/DD, ABI/Autism Supported Employment

MILESTONE/SERVICE DATES: START: _____ END: _____

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

M-4 ID VR CLOSURE AND SE JOB RETENTION PLAN

VR Counselor:		Possible outcome date:
IPE Job Goal:		Job Title:
Name of Employer:		Job Duties:
Hourly Wage:	Hours per Week:	
CLOSURE CRITERIA: <input type="checkbox"/> Client Satisfaction <input type="checkbox"/> On the Job at least 90 days <input type="checkbox"/> Employer Satisfaction <input type="checkbox"/> Long Term Supports Identified	Benefits: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan	<input type="checkbox"/> None <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Other
	Employer Feedback:	
	Name of Contact:	

SUPPORTED EMPLOYMENT SERVICES PROVIDED

JOB RETENTION PLAN (projected long term supports)

<input type="checkbox"/> Employment Advocacy <input type="checkbox"/> Job Search Activities <input type="checkbox"/> Job Seeking Skills <input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hour: _____ <input type="checkbox"/> Face to Face: _____ <input type="checkbox"/> Client Contact: (Avg # of times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text: <input type="checkbox"/> Employer Contact: Face-Face, Calls <input type="checkbox"/> NA <input type="checkbox"/> Work Performance Skills Stable <input type="checkbox"/> Transportation Plan Implemented <input type="checkbox"/> Developed Natural Supports <input type="checkbox"/> Work Related Social Skills <input type="checkbox"/> Work Problem Solving Implemented <input type="checkbox"/> Worksite Accommodations monitored <input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Client Contact: (projected number of times per month) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text: <input type="checkbox"/> Employer Contact (projected number of times per month) <input type="checkbox"/> NA <input type="checkbox"/> On-Site: <input type="checkbox"/> Emails, Phone: <input type="checkbox"/> Monitor Natural Supports <input type="checkbox"/> Provide Job Retention & Maintenance Skills Provided <input type="checkbox"/> On going Job Coaching number of hours each Week _____ <input type="checkbox"/> Worksite Accommodations Monitor <input type="checkbox"/> Other (Describe) COMMENTS: <input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
---	---

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

Supported Employment Specialist Signature _____

Date _____

Nebraska VR Specialist Signature _____

Date of Closure _____

Copy sent to DD Service Coordinator