

CUSTOMIZED EMPLOYMENT MILESTONE-2 ID

MILESTONE/SERVICE DATES: START: _____ END _____

Client Name:	Address:	Phone Number:	Email:
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ID M-2 CUSTOMIZED EMPLOYMENT PLACEMENT REPORT

VR Counselor:		Job Start Date:
Name Of Employer:		Job Title:
Employer Address:		Job Duties:
Telephone #:	Benefits: <input type="checkbox"/> None	
Supervisor:	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental	
	<input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Vacation	
Hourly Wage:	Hours Per Week:	<input type="checkbox"/> Retirement Plan <input type="checkbox"/> Other

CUSTOMIZED JOB SEARCH SUPPORTS PROVIDED TO GET A JOB: Total numbers of hours _____

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Assistance with employer's required paperwork
<input type="checkbox"/> Identified Employers with needs matching client's interests	<input type="checkbox"/> Problem Solving addressed
<input type="checkbox"/> Employer contact & Advocacy	<input type="checkbox"/> Identified other needed work supports
<input type="checkbox"/> Worksite assessment & analysis	<input type="checkbox"/> We have reviewed possible risks involved in job
<input type="checkbox"/> Negotiated job duties &/or employer expectations	<input type="checkbox"/> Other:
<input type="checkbox"/> Developed job description based on client & business needs	
<input type="checkbox"/> Developed job duties, work schedule, supervision specifics	<input type="checkbox"/> Personal / Appearance Needs
<input type="checkbox"/> Worksite Accommodations Developed	<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps):

PROJECTED INTERVENTIONS IN WORK PLACE:

<input type="checkbox"/> Job Coaching	<input type="checkbox"/> On Site Hours _____	EMPLOYER INVOLVEMENT (CHECK ALL THAT APPLY)
	<input type="checkbox"/> Off Site Hours _____	
<input type="checkbox"/> Client Contact- _____ (times per week)		<input type="checkbox"/> We may contact employer/supervisor about work performance
<input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:		<input type="checkbox"/> Employer is aware of disability
<input type="checkbox"/> Assistance Learning the Job		<input type="checkbox"/> Employer is aware of SE involvement
<input type="checkbox"/> Develop Transportation Plan		<input type="checkbox"/> Employer Contact – _____ (# of times per month)
<input type="checkbox"/> Problem Solving		<input type="checkbox"/> No Employer contact per client request
<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Personal/Appearance
<input type="checkbox"/> Attendance Skills		<input type="checkbox"/> Coping Skills
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)		<input type="checkbox"/> Other:
<input type="checkbox"/> Implement Worksite Accommodations		Comments:

I verify that the information above is correct. I understand that I have a right to revoke this consent in writing if I so desire in the future.

Client Signature _____ Date _____

Authorized Representative Signature _____ Date _____

SE Specialist Signature _____ Date _____

VR Staff Signature _____ Date _____

Copy sent to DD Service Coordinator