

SE MILESTONE-1 Behavioral Health

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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M-1 SUPPORTED EMPLOYMENT JOB SEARCH AGREEMENT

VR Counselor:	VR IPE Job Goal:	Date Submitted:
Strengths/Abilities/Contributions:		Requirements (things you must have to accept a job):
Companies you would like to explore:		Environments / Jobs to Avoid:
Employment Barriers: 1. 2. 3.		Possible Solutions to Barriers: 1. 2. 3.

Here is a list of job search skills and activities that a person will need to have the ability to do to successfully obtain employment. Please mark the activities that would be most helpful for you and the Supported Employment Specialist to do together during the job development process.

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Worksite Accommodation Needs
<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Internet Search Training / Computer Access
<input type="checkbox"/> Job Leads / Information	<input type="checkbox"/> Discuss Appropriate Job Fit (ie duties, locations, hrs)
<input type="checkbox"/> Networking	<input type="checkbox"/> Symptom Management
<input type="checkbox"/> Personal / Appearance Needs	<input type="checkbox"/> Application Assistance
<input type="checkbox"/> Cover Letter/Resume	<input type="checkbox"/> Permission to Contact Employers on Behalf of Client for Employer Advocacy/Job Retention/Employer Follow-up
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Take to Job Interviews (when available)
<input type="checkbox"/> Current Transportation Plan:	<input type="checkbox"/> Other:
<input type="checkbox"/> Problem Solving	
Client Expectations/Work Expectation Skills:	
<input type="checkbox"/> Arrive on Time <input type="checkbox"/> Keep Scheduled Appointments <input type="checkbox"/> Return Calls	
Comments (include explanation of why Benefits Analysis was needed and person/agency who did it)	

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____