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03/2021

SE MILESTONE-2 Behavioral Health

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

Client Name:	Address:	Phone Number:	Email:

M-2 SUPPORTED EMPLOYMENT JOB PLACEMENT REPORT

VR COUNSELOR:		JOB START DATE:
NAME OF EMPLOYER:		JOB TITLE:
EMPLOYER ADDRESS:		JOB DUTIES:
TELEPHONE #:		BENEFITS: ☐ NONE ☐ HEALTH INSURANCE ☐ DENTAL ☐ PAID SICK LEAVE ☐ PAID VACATION ☐ RETIREMENT PLAN ☐ OTHER
SUPERVISOR:		
HOURLY WAGE:	HOURS PER WEEK:	

JOB SEARCH SUPPORTS PROVIDED TO GET A JOB:

☐ Weekly Contact	☐ Internet Search Training / Computer Access
☐ Interview Skills	☐ Application Assistance
☐ Job Leads / Information	☐ Personal / Appearance Needs
☐ Interview Assistance	☐ Problem Solving
☐ Employer Advocacy / Follow-up	☐ Worksite Accommodations Developed
☐ Cover Letter/Resume	☐ We may contact you at work
☐ Transportation Assistance	☐ We have reviewed possible risks involved in job
☐ Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	☐ Other:

PROJECTED INTERVENTIONS IN WORK PLACE:

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

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 _____