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

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

Client Name:	Address:	Phone Number:	Email:

M-4 TRANSITION TO EXTENDED SERVICES

VR Counselor:	Date of Transition:
IPE Job Goal:	Job Title:
Name of Employer:	Job Duties:
Hourly Wage: / Hours per Week:	

MILESTONE 4 CRITERIA:

- ☐ Client Satisfaction
- ☐ On the Job at least 90 days
- ☐ Employer Satisfaction
- ☐ Extended Services Plan Ready to be Implemented

Benefits:
☐ None ☐ Health Insurance ☐ Dental ☐ Paid Sick Leave ☐ Paid Vacation ☐ Retirement Plan ☐ Other

Employer Feedback:

Name of Contact:

SUPPORTED EMPLOYMENT SERVICES PROVIDED	EXTENDED SERVICES PLAN (Team developed)
☐ Employment Advocacy	☐ Liaison/support contacts with employer per mo.: _____
☐ Job Search Activities	☐ Total job coaching hours support per mo.: _____
☐ Job Seeking Skills 0	☐ Transportation to/from work: _____
☐ Job Coaching ☐ On Site Hours: _____ ☐ Off Site Hour: _____ ☐ Face to Face: _____	☐ Benefits Monitoring/ reporting income ☐ Monitoring of worksite accommodations
☐ Client Contact: (Avg # of times per week) ☐ Face to Face: ☐ Phone, Email, Text:	☐ Development and maintenance of natural supports ☐ Other (Describe):
☐ Employer Contact: Face-Face, Calls ☐ NA	Details of individualized extended services plan to support job retention, including paid and natural supports (Attach additional sheet if more space is needed):
☐ Work Performance Skills Stable	
☐ Transportation Plan Implemented	
☐ Developed Natural Supports	
☐ Work Related Social Skills	
☐ Work Problem Solving Implemented	
☐ Worksite Accommodations monitored	
☐ 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 _____

☐ Copy sent to DD Service Coordinator