



Supported and Customized Employment Plan for Job Development - Outcome Report (Milestone 1)

Service Start Date: _____ End Date: _____

Client Name:	VR Specialist:	SE Provider:
VR IPE Job Goal:		Hours per Week Desired:
Potential Employers:	Employers/Environments to Avoid:	

Complete all activities listed in the first column and provide evidence of completion as indicated in the second column.	
<input type="checkbox"/> Complete sample employment application	<input type="checkbox"/> Attach completed sample employment application
<input type="checkbox"/> Identify employers for directed job search	<input type="checkbox"/> List of potential employers (above)
<input type="checkbox"/> Discuss consent for employer disclosure (below)	<input type="checkbox"/> As initialed below, based on client choice
<input type="checkbox"/> Develop transportation plan	<input type="checkbox"/> List transportation options:
<input type="checkbox"/> Identify individualized activities and items to obtain employment including; application assistance, cover letter/resume, interview practice, employer follow up and advocacy, I-9 documentation, background check, certifications/licenses/permits, personal appearance needs, interview clothing, phone access, computer access, assistive technology, etc.	<input type="checkbox"/> List of activities/items:
<input type="checkbox"/> Discuss expectations for job search including keeping weekly appointments, arriving to appointments on time, completing agreed upon activities, etc.	<input type="checkbox"/> Comments:

Consent: My initials indicate that I consent to the Supported Employment provider contacting employers and following up on my behalf; the employer may become aware of my disability and will be aware that I receive the support of the Supported Employment provider.

Initials: Client _____ Authorized Representative _____

**I understand that I have a right to revoke this consent in writing if I so desire in the future*

I verify that the information above is correct.

_____ Client Signature	_____ Date	_____ Authorized Representative Signature	_____ Date
_____ Supported Employment Specialist Signature	_____ Date	_____ Nebraska VR Specialist Signature	_____ Date

(Nebraska VR Signature above indicates all assigned activities completed and all documentation of activities were received.)

Copy sent to DD Service Coordinator (if applicable)



Plan for Job Development Invoice

Client Name: _____

Service Start Date: _____ Service End Date: _____

VR Specialist: _____

Provider: _____

Billing Address: _____

Outcome Payment Invoiced: _____

Number of Staff Hours Provided to Achieve Outcome: _____

Provider Signature Date

Nebraska VR Specialist Signature Date