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:

Complete all activities listed In the first column and provide evidence of completion as indicated in the second column.	
☐ Complete sample employment application or resume	☐ Attach completed sample employment application or resume
☐ Identify employers for directed job search	☐ List out potential employers:
☐ Develop transportation plan	☐ List out transportation options:
☐ 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.	☐ List out agreed upon activities:
☐ Discuss and agree upon expectations for job search including keeping weekly appointments, arriving to appointments on time, location of appointments, completing agreed upon activities, etc.	☐ List out expectations for weekly job search activities:

Voluntary 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 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

Copy 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