Supported and Customized Employment
Job Search and Placement - Outcome Report (Milestone 2)

Service Start Date: _____ **End Date:** _____

Client Name:	VR Specialist:	SE Provider:
Job Title:	Job Start Date:	
Employer:	Supervisor:	
Employer Address:	Phone:	
Benefits: ___ Health Insurance ___ Dental ___ Paid Vacation ___ Paid Sick Leave ___ Retirement Plan ___ None ___ Other	Hourly Wage:	Hours per Week:

JOB SEARCH AND PLACEMENT ACTIVITIES COMPLETED

Provide a summary of the services delivered that led to the job placement:

PROJECTED INTERVENTIONS FOR JOB COACHING/SUPPORT

☐ Job Coaching/On Site Hours _____ Per Week ☐ Job Support/Off Site Hours _____ Per Week

List specific services/activities that will be provided to promote/maintain job success:

Voluntary Consent : My initials indicate that I consent to the supported employment provider contacting my employer/supervisor to follow up on my behalf. This may result in the employer becoming 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)

Supported and Customized Job Search/Development and Placement Outcome Payment Invoice

Client Name:_____

Service Start Date: _____ Service End Date: _____

VR Specialist:_____

Provider:_____

Billing Address:_____

Outcome Payment Amount Invoiced: _____

Number of Staff Hours Provided to Achieve Outcome: _____

_____

Provider Signature Date

_____

Nebraska VR Specialist Signature Date