



## 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: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan <input type="checkbox"/> None <input type="checkbox"/> Other	Hourly Wage:	Hours per Week:

### JOB SEARCH AND PLACEMENT ACTIVITIES COMPLETED

<input type="checkbox"/> Maintained weekly contact	<input type="checkbox"/> Internet search training/computer access
<input type="checkbox"/> Identified job leads	<input type="checkbox"/> Contacted potential employers
<input type="checkbox"/> Assisted with completing job applications	<input type="checkbox"/> Developed cover letter/resume
<input type="checkbox"/> Interview skills training/practice	<input type="checkbox"/> Assisted/attended interviews with individual
<input type="checkbox"/> Employer advocacy/follow-up	<input type="checkbox"/> Implemented transportation plan
<input type="checkbox"/> Assisted with maintenance of acceptable personal appearance	<input type="checkbox"/> Identified and assisted in obtaining work clothing/shoes specific to the job obtained
<input type="checkbox"/> Other activities completed (as listed on job development report):	
<input type="checkbox"/> For <b>Customized Employment</b> , attach job description developed and describe activities completed to develop customized job:	

### PROJECTED INTERVENTIONS FOR JOB COACHING/SUPPORT

<input type="checkbox"/> Job Coaching/On Site Hours _____ Per Week	<input type="checkbox"/> Job Support/Off Site Hours _____ Per Week
List specific services/activities that will be provided to promote/maintain job success:	

**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 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

Copy to Provider/Client and 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