



Supported and Customized Employment Extended Services for Youth Report

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:

Attach verification of client hours worked.

Hours of on-site job coaching _____. Note number of hours each day, to the nearest quarter hour.

Hours of off-site job support provided _____. Note number of hours each day, to the nearest quarter hour.

Services provided on/off site:	Comments:
Liaison support with supervisor and co-workers (for advocacy, communication):	
On-site skill training to learn new job tasks:	
Problem-solving support:	
Transportation support/development of transportation resources as work schedule changes:	
Reporting of income to benefits programs (SSA, DHHS, etc.):	
On-going job coaching:	
Development/ maintenance of natural supports:	
Monitoring worksite accommodations:	
Mental health support:	

Other:	
--------	--

Employer Report

Performance Measures	Comments
Employee strengths:	
Area(s) for improvement:	
Additional comments regarding work performance:	

Client/Authorized Representative Report

Job Satisfaction	Comments
Describe the overall level of job satisfaction in the following areas: (work schedule, working conditions, hours, wage, benefits, etc.)	
Describe any area of concern:	
Additional comments:	

I verify that the information above is correct.

Client Signature

Date

Authorized Representative Signature

Date

Specialist Signature

Date

Nebraska VR Specialist Signature

Date



Extended Services Invoice

Client Name: _____

Service Start Date: _____ Service End Date: _____

VR Specialist: _____

Provider: _____

Billing Address: _____

Total Hours of On-Site Job Coaching: _____

Total Hours of Off-site Job Support Provided: _____

Total Hours Client Worked: _____

Hourly Rate for Extended Services: _____

(Hours Client Worked x Hourly Rate for Extended Services) Total invoice: _____

Provider Signature Date

Nebraska VR Signature Date