**SUPPORTED EMPLOYMENT INITIAL PLACEMENT INFORMATION REPORT**

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| **Individual Information** | | | | | | | | | | | | | |
| Name of Person: | | | | Counselor: | | | | | | | | | |
| Provider: | | | | Date of Report | | | | | | | | | |
| **Employment Information** | | | | | | | | | | | | | |
| Person’s job title: | Start Date: | | | | | | Full time Part time | | | | | | |
| Employer name: | | Address: | | | | | | City, State: | | | | ZIP code: | |
| Supervisor: | Supervisor Title: | | | | | | Supervisor contact information: | | | | | | |
| Hours per week: | Days per week: | | | | | | Hourly rate: $ | | | | | | |
| ***Job Description.*** Detailed description of individual’s job duties.    Is this a customized employment?  YES  NO  If YES, how:  Customized thru Job Carving  Created to match the skills and accommodation  Reassigned from an existing job needs of the job seeker  Restructured from one or more existing jobs  Others (specify): | | | | | | | | | | | | | |
| ***Benefits.*** Is the person receiving benefits from this employer – if so, what type? Detail type and eligibility date.  Medical benefits? YES  NO  Paid leave? YES  NO  Others: | | | | | | | | | | | | | |
| **Placement Checklist** | | | | | | | | | | | | | |
| Review and respond to the following questions as they relate to the person’s placement. Provide comments to support or explain your responses in the comment section below; | | | | | | | | | | | **YES** | | **NO** |
| 1. Is this person satisfied with this job placement? | | | | | | | | | | |  | |  |
| 1. Is the job consistent with the employment goal agreed by the person and the VR specialist? | | | | | | | | | | |  | |  |
| 1. Is the placement in an integrated setting where persons without disabilities work in the same position as the person served by RSA? | | | | | | | | | | |  | |  |
| 1. Do the wage and working conditions conform to federal and Washington DC (or applicable state) laws including laws regarding minimum wage? | | | | | | | | | | |  | |  |
| 1. Are the person’s wage and benefits not less than those paid by the employer to workers who do not have a disability doing the same or similar work? | | | | | | | | | | |  | |  |
| 1. Were all the monthly job development progress reports submitted until this placement? | | | | | | | | | | |  | |  |
| Hiring Incentive Utilized: WTO  OJT  Tax Credit  Others  COMMENTS: | | | | | | | | | | | | | |
| **Placement Supports Checklist** | | | | | | | | | | | | | |
| ***Retention concerns.*** Indicate if the following have been addressed or needs to be addressed; provide additional explanation where appropriate, and used N/A for items that do not apply: | | | | | | | | | | | | | |
|  | | | Addressed | | | Needs to be addressed | | | N/A | Assistance/ Coordination by: | | | |
| On-site support/ job coaching | | |  | | |  | | |  |  | | | |
| Reporting earnings to social security | | |  | | |  | | |  |  | | | |
| Appearance/ Hygiene | | |  | | |  | | |  |  | | | |
| Punctuality | | |  | | |  | | |  |  | | | |
| Job Accommodation | | |  | | |  | | |  |  | | | |
| Transportation/ Navigation to Work | | |  | | |  | | |  |  | | | |
| Child care | | |  | | |  | | |  |  | | | |
| Work clothes | | |  | | |  | | |  |  | | | |
| Safety instruction | | |  | | |  | | |  |  | | | |
| Therapy/ medical treatment | | |  | | |  | | |  |  | | | |
| Employee orientation | | |  | | |  | | |  |  | | | |
| Plan to elicit regular supervisor and individual feedback | | |  | | |  | | |  |  | | | |
| Job skills training needs | | |  | | |  | | |  |  | | | |
| Waiver: off-site coaching | | |  | | |  | | |  |  | | | |
| Family/ friends/ coworkers (as natural supports) | | |  | | |  | | |  |  | | | |
| Others(please specify) | | |  | | |  | | |  |  | | | |
| Comments: | | | | | | | | | | | | | |
| **Verification of Employment and/or Customized Employment (CE):** | | | | | | | | | | | | | |
| Employment offer letter  Employer certification Position description(for CE)  Other:  (Attach verification document to this report) | | | | | | | | | | | | | |
| **Anticipated Job Coaching Needs** | | | | | | | | | | | | | |
| Frequency of Job Coaching: 2x/week 3x/week  4x/week  Other:  Hours of job coaching per day: | | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | | |
| I, the Supported Employment Specialist certify that: the documented the services and information described herein are true, correct and have been verified. | | | | | | | | | | | | | |
| First and Last name of Supported Employment Specialist: | | | | | Position Title: | | | | | | | | |
| Signature: | | | | | Date: | | | | | | | | |

Encl. Verification of Employment document