

Placement Support Plan

Name of Employee: _____

Employer: _____

What types of supports will the employee need following job placement? (Check all that apply.)

Type of Support	Assistance/Coordination Provided By
<input type="checkbox"/> - On-site support/job coaching	
<input type="checkbox"/> - Regular contact with employer	
<input type="checkbox"/> - Transportation assistance	
<input type="checkbox"/> - Assistance with grooming & hygiene	
<input type="checkbox"/> - Assistance with medication	
<input type="checkbox"/> - Help reporting earnings to Social Security	
<input type="checkbox"/> - Making sure therapy needs are met	
<input type="checkbox"/> - Supervision during non-work hours	
<input type="checkbox"/> - Communication with residential/family	
<input type="checkbox"/> - Other (please specify):	

- Summary of support to be provided by agency:

- Summary of support to be provided by residential:

- **Summary of support to be provided by family:**

- **Summary of support to be provided by other resources (state agency, therapist, peers, employer):**

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What are the current support gaps and barriers?

What is the plan to overcome them?

Signatures of:

Employee: _____

Agency staff: _____

Other(s) in support roles:

Date: _____