

- Job Placement Agreement
- Job Coaching Agreement
- Supported Employment Agreement
- Revision

**Department of Labor
DIVISION OF VOCATIONAL REHABILITATION
CONSUMER PLACEMENT, JOB COACHING
AND SUPPORTED EMPLOYMENT AGREEMENT**

Name of Consumer: _____ **Vocational Goal:** _____

VR Counselor: _____ **Provider:** _____ **Date:** _____

Availability (Sunday – Saturday, Consider Alternative Work Schedules):

Transportation/Back Up Plan:

Desired Geographic Area(s):

Benefits and Wages Required:

Special Arrangements and Accommodations:

Instructions: This is both a needs determination and service coordination plan. In each category, identify the VR consumer's vocational needs.

TO BE ADDRESSED WITH THE CONSUMER, VR COUNSELOR AND CRP

I. JOB DEVELOPMENT PHASE (14000, 17000 17001):

1. Development of job-seeking skills..... YES NO

Develop a resume or employment proposal

Assist with dress and/or hygiene

Develop job-interviewing skills

Develop job-seeking skills

Other _____

2. Customer-specific job development..... YES NO

Contact employers

Coordinate customer job interviews

Other _____

3. Job Analysis..... YES NO

Identify essential job functions

Develop job training plan

Other _____

*For supported employment cases, prior to job placement, all assessments must be complete. Additional support services beyond the scope of this agreement may be contracted with a provider under employment success training services.

II. JOB PLACEMENT AND RETENTION PHASES (15000, 16000, 17000,17001):

4. Direct intervention with employer..... YES NO
- Assist customer with interview
 - Orient customer to the job
 - Orient customer to work schedule
 - Develop initial natural supports
 - Follow up with employer during the first 90 days of employment
 - Other _____
5. Direct connection with consumer is required for employment payment point
Proof of employment(e.g. pay stub,letter of employment from employer, bank statement
 identifying direct deposit from employer. Other acceptable form of verification ie. 1099
estimated yearly taxes.
6. Transportation coordination/training..... YES NO
- Develop transportation arrangements
 - Other _____
7. Coordination of financial issues..... YES NO
- Assist with coordination of financial support services (SSA, other public/private sources)
 - Coordination of extended/follow along services (***Supported Employment Only**)
 - _____

III. JOB COACHING AND STABILIZATION PHASES (8000, 17000, 17001)

8. Employment-related personal skills training..... YES NO
- Train customer on specific work behaviors to the satisfaction of the employer
 - Work schedule time management training
 - Workplace communication skills training
 - Other _____
9. Maintenance of appropriate work and interpersonal behaviors..... YES NO
- Develop and implement fading plan
 - Maintain appropriate behaviors to the satisfaction of the employer
 - Support to relearn job tasks
 - Short-term training follow-up with customer
 - Other _____
9. Other training needs/comments (specify)..... YES NO
- Banking and income management training
 - Coordinate job accommodations and natural supports
 - Research and recommend assistive technology
 - Training in the use of public transportation
 - Other _____
 - Other _____

Number of Total Job Coaching Hours Anticipated Under this Phase (If Applicable): _____

- 10. Applied Behavioral Analysis and Behavioral Supports Recommended..... YES NO
- 11. Customized Employment Recommended (***Supported Employment Only**)..... YES NO
- 12. Formalized Assistive Technology Evaluation Recommended..... YES NO

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SIGNATURE OF THE PARTICIPANTS INDICATES AGREEMENT WITH THE CONSUMER'S GOALS

Consumer Name: _____

Consumer Signature:

Date: _____

Parent/Guardian
Signature (if required):

Date: _____

Provider Name: _____

Provider Signature:

Date: _____

Title:

DVR Counselor
Signature:

Date: _____

COMMENTS:

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