Supported Employment Extended Services Plan

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| Choose the Identified Supported Employment model:  [ ]  Traditional [ ]  IPS [ ]  Customized Employment  |
| Instructions: This extended services plan must be completed in its entirety and prior to payment for extended services. The purpose of this document is to detail how extended services will be provided for the duration of the individual’s employment. Please give specific examples of what will be done to assist the client in becoming independent in each relevant area. The form is intended to be completed with the client/employee, supported employment provider and vocational rehabilitation counselor; and should reflect the job seeker’s preferences, ideal employment conditions, strengths, interests and support needs.  |
| Job Seeker’s Name: |       |
| Counselor’s Name: |       |
| SE Employment Specialist Name: |       |
| SE Provider Name: |        |
| Job Seeker’s Employment Goal: |       |
| If Job Seeker receives SSI/SSDI, name of Benefit Counselor and contact information: |       |
| Name and contact information of job seeker’s natural supports. |      (note: be sure release of information forms are signed) |
| Today’s Date: |       | Date individual is to transition to extended services: |       |
| **Identified considerations and strategies** |
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| Medical Considerations: Describe any on-going needs related to medical conditions that shall require continued support during employment, to include regularly scheduled medical appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
|                Responsible persons: |
| Behavioral Health Considerations: Describe any on-going needs related to behavioral health conditions that shall require continued support during employment, to include regularly scheduled appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
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|                Responsible persons: |
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| Sensory: Describe any on-going needs related to hearing and vision that shall require continued support during employment, to include the potential need for on-going communication support, orientation & mobility training, and potential need for employer training and the strategies for addressing these needs, along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
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|                Responsible persons: |
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| Assistive Technology/Accommodations/On the job Supports/Learning Style: Describe the AWT, accommodations and on the job supports in place and how they will be maintained along with the responsible party. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
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|                Responsible persons: |
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| **Self-Advocacy:** Describe the job seeker’s self-advocacy strategies and goals, along with any concerns that may need to be addressed throughout employment. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
|                Responsible persons: |
| **On-going Employment Goals:**Describe the strategies and methods for addressing the individuals On-going employment goals. (These should be based on client choice and will change over time. Examples include: appropriate work relationships, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc.)Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.   |
|                Responsible persons: |
| **On-going Supports & follow-up:** Describe the strategies that will be used for ongoing identification & provision of on-going supports and follow-up through-out employment to address interpersonal behaviors, work place behaviors, adjustment services and retention. Detail if and how these responsibilities will be transitioned to the individual, natural supports or other supports over time.  |
| * twice-monthly contact with the client at the work site to assess job stability or, if requested and appropriate, off-site monitoring.

               Responsible persons: |
| **Additional areas of concern:**  |
|                Responsible persons: |

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**Service Provider Signature**

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**VR Counselor**

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**Client Signature**

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**Client Representative Signature**

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**Date**