# Supported Employment Service Identification and Agreement Form

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| Choose the Identified Supported Employment model:  [x]  Traditional [ ]  IPS [ ]  Customized Employment  |
| Instructions: This agreement must be completed in its entirety. If certain sections are not applicable, indicate accordingly. The form is intended to be completed with the job seeker, 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: |  |
| Describe job seeker’s training/work history/military experience related to employment goal: |  |
| Job Seeker’s Preferred weekly hours to work: |  |
| Job Seeker’s Preferred salary and benefits: |       |
| Describe job seeker’s preferred work environment/work culture/work values: |  |
| If Job Seeker receives SSI/SSDI, name of Benefit Counselor and contact information: |       |
| Name of Community Resource or agency and purpose that job seeker is receiving support from:  |  |
| Name and contact information of job seeker’s natural supports. |      (note: be sure release of information forms are signed) |
| Today’s Date: |  | Date Job Development is to begin:  |       |
| **Identified considerations and strategies** |
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| Medical Considerations: Describe any on-going needs related to medical conditions that shall be considered during job development/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. |
|            Responsible persons:  |
| Behavioral Health Considerations: Describe any on-going needs related to behavioral health conditions that shall be considered during job development/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. *Note: IPS must include interdisciplinary meetings.* |
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|       Responsible persons:  |
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| Sensory: Describe how the job seeker’s hearing and vision needs will be considered during job development/employment, to include the potential need for on-going communication support, orientation & mobility training at start of employment, and potential need for employer training.  |
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| Responsible persons:      |
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| Assistive Technology/Accommodations/On the job Supports/Learning Style: Describe the potential AWT, accommodation and on the job support needs that may be needed. Describe the strategies that will assist the job seeker in learning their tasks, to include incorporating their preferred learning style. |
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|       Responsible persons:  |
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| **Release of Information/Self-Advocacy:** Describe the strategies that will be used to disclose pertinent information during job development, along with any information the job seeker does not wish to be disclosed. Also describe the job seeker’s self-advocacy strategies, along with any concerns that may need to be addressed at the onset of employment.  |
|       Responsible persons:  |
| **Job Development:** Describe the strategies and methods of how potential employers, positions and tasks will be identified, along with how the job seeker will be involved. IPS providers must adhere to the applicable principles and maintain fidelity to the IPS model. Customized SE providers must provide strategies specific to that model, to include the use of the Discovery Process and Planning Meeting. |
|                Responsible persons: |
| **On-going Supports & follow-up:** Describe the strategies that will be used to identify & provide the on-going supports and follow-up following job placement and through-out employment to address interpersonal behaviors, work place behaviors, adjustment services and retention.  |
|                Responsible persons:      |
| **Potential Barriers:** Describe any potential barriers to employment and the related compensatory strategies ( i.e, felony background, transportation, housing, etc) |
|                Responsible persons:      |
| **Extended Services:** Describe how extended services following VR case closure are anticipated to be provided. *Note: an extended services plan is required prior to case closure* |
|                Responsible persons:      |

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| **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**