Print Form

Performance Based Employment Services Pilot

Milestone Achievement Notification Form

*This form is completed and signed at the completion of **each** milestone and submitted with the Contractor's claim for payment.*

Section I. Basic Information

Client Name:	
Client RSA ID Number:	
Contracted Provider Organization:	
Contract Number:	**RSA Authorization Number (s) for this client:**
Vocational Rehabilitation Counselor Name: **Is this a new VR Counselor since the last milestone report?** ☐ **Yes** ☐ **No**	

Authorized Service Track: I ☐ **II** ☐ **III** ☐ **Level A** ☐ **Level B** ☐

Section II. Milestone Achievement Being Reported

_____**Job Readiness Milestone** **Date Achieved:** _____

The contracted provider asserts and the client agrees that the client is prepared for job placement. Specifically, the client possesses these skills:

☐ Employability Skills (the client's understanding of his/her vocational interest and potential, knowledge about his/her needs for work and what the job entails, available job opportunities, etc.)

☐ Job –seeking skills (behaviors needed for locating and applying for employment, such as identifying job leads, completing application, writing resume, etc.)

☐ Job interview skills (behaviors needed to conduct an effective job interview with a prospective employer, including understanding the interview situation, responding, and asking appropriate questions)

☐ Job -Related skills (skills one should have to adjust to a job situation, such as following rules and adjusting to the work environment)

☐ Work Performance Skills (behaviors of arriving at work on time, following instructions, performing essential work functions, working safely, using and caring for tools, etc.)

☐ Work Social Skills (getting along with coworkers, constructively handling criticism)

☐ The client has a resume or application prepared.

☐ Other (specify)

Client Name:_____RSA Case Number:_____

These barriers were addressed (please provide explanation of how barriers were addressed:

_____

_____

_____

These job related supports and accommodations have been identified and will be in place:

_____

_____

_____

The job finding strategy will be:

_____

_____

_____

_____**Job Placement Milestone** **Date Achieved (or Changed):** _____

Employer Name: _____

Employer Address: _____

_____

Contact Name and Title: _____

Employer Phone:_____ **Date of Hire**:_____

Job Title:_____

Rate of Pay:_____ **Hours per Week**:_____

Benefits Available: ☐ Yes ☐ No
If yes please indicate: ☐Health Insurance ☐Sick Leave ☐Vacation ☐Pension Plan

Date of first day on <u>this</u> job:_____ **Date of 3rd day on <u>this</u> job**:_____

Summarize actions taken to secure employment for client – include job accommodations made:

_____

Client Name:_____RSA Case Number:_____

_____

_____

If this is a job placement <u>change</u> please explain the reasons for the change:

_____

_____

_____

_____Job Support Retention Milestone
Date Achieved 4 Week:_____ Date Achieved 8 Week:_____

1. Client is employed by the same employer as reported in *Job Placement Milestone* ☐Yes ☐ No (If no, complete new employer information in *Job Placement Milestone* section of this Form and provide explanation of change).

2. Services Provided:

☐ Job Coaching services to assist the individual with maintaining employment

☐ Provided additional services needed to maintain employment (e.g., natural supports, behavioral plans, ISP/Clinical Team staffing, etc.) and coordinated accommodations, as needed. (Please specify) _____

_____

_____

_____

3. Record of work:

	Starting Date of Week	Hours Worked	Time Spent with client
Week # 1			
Week # 2			
Week # 3			
Week # 4			

Client Name:_____RSA Case Number:_____

Week #5			
Week #6			
Week #7			
Week #8			

4. Has the client achieved the minimal level of competencies required for the occupation?

Work Performance	☐ Yes ☐ NO
Punctual arrival for work and attendance	☐ Yes ☐ NO
Timeliness of breaks	☐ Yes ☐ NO
Appearance, hygiene, grooming	☐ Yes ☐ NO
General attitude	☐ Yes ☐ NO
Productivity /Quality of work	☐ Yes ☐ NO
Ability to adapt to change; handle correction and/or criticism; social interactions	☐ Yes ☐ NO

5. If "No" indicated on any of above, provide more detail and outline planned intervention:

_____

_____

_____

_____Job Stabilization (Status 22) Date Achieved:_____

In order to determine that the client achieved job stabilization, the contractor certifies the following:

1. Client is employed by the same employer as reported in the *Job Placement OR Job Support Retention Milestones* ☐ Yes ☐ (If no, complete new employer information in *Job Placement Milestone* section of this Form and provide explanation of change)

2. The client is maintaining employment <u>without formal job coaching supports (Track I and II) OR with reduced support (Track III).</u> ☐ Yes ☐ NO

3. The client is satisfied with the job and the employer is satisfied with the client's work performance. ☐ Yes ☐ NO

4. The Client, the VR Counselor, the Contractor and, **<u>IF</u>** client is on Track III, the extended supported employment funder, agree that the Client is stable at work and that this milestone has been achieved. (*Note: For those Track III clients that will be receiving extended supported employment services through the Regional Behavioral Health Authority, a minimum of 12 weeks of job retention and support services must have occurred prior to reaching job stabilization.)* ☐ Yes ☐ NO

Client Name:_____RSA Case Number:_____

_____**Successful Rehabilitation** **Date Achieved:**_____

Employer Name:_____

Employer Address:_____

_____

Contact Name and Title:_____

Employer Phone:_____ **Date of Hire**:_____

Job Title:_____

Rate of Pay:_____ **Hours per Week**:_____

Benefits Available: ☐ Yes ☐ No
If yes please indicate: ☐Health Insurance ☐Sick Leave ☐Vacation ☐Pension Plan

Client confirms that they have been successfully working in a job consistent with their selected vocational goal, abilities, capabilities, interests, and informed choice for at least 90 days, that their employment goal has been reached, that they are satisfied with their job/career and if they are on Track III, they confirm that they continue to need extended employment supports. ☐ Yes ☐ No

Section III. Signatures

Client Signature (If not available, please explain):	**Date:**
Client's Guardian/Representative Signature (if applicable):	**Date:**
Vocational Rehabilitation Counselor Signature:	**Date:**
Contracted Provider Representative Signature:	**Date:**