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| Texas Workforce Solutions logo | | | | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Supported Employment Plan and Employment Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **During any SE Plan meeting, the VR counselor is responsible for:**   * Completing the Customer Information section through the Extended Services section * Obtaining signatures from the customer and Supported Employment (SE) specialist * Providing signed copies to the customer and the SE specialist * Providing an electronically fillable (Microsoft Word) copy to the SE specialist   **Once the customer is employed, the SE specialist is responsible for:**   * Indicating whether the Employment Conditions are achieved each time the report is submitted * Updating the Extended Services section each time the report is submitted * Filling out and updating the Employment Information section each time the report is submitted * Obtaining required signatures * Filing copies of all reports in the provider’s case file   **Note**: If customer requires more than 6 job retention periods, complete a second VR1632. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Case ID:** | | | | | | | | | | | | | | |
| **SE Plan Meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Meeting:** | | | | | | **Original Meeting**  **Amended Plan** **Meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Customer:** | | | | | | | 2. **VR Counselor:** | | | | | | | | | | | | | | | 3.**SE Specialist:** | | | | | | | | | | | | | | | | | | | | |
| 4.       **Relation:** | | | | | | | 5.       **Relation:** | | | | | | | | | | | | | | | 6.       **Relation:** | | | | | | | | | | | | | | | | | | | | |
| **Job Interests** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s job interests:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Potential Job Tasks** (customer’s placement must include 2 of these tasks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | 2. | | | | | | | | | | | | | 3. | | | | | | | | | | | | | | | 4. | | | | | | | | | | |
| 5. | | | | 6. | | | | | | | | | | | | | 7. | | | | | | | | | | | | | | | 8. | | | | | | | | | | |
| 9. | | | | 10. | | | | | | | | | | | | | 11. | | | | | | | | | | | | | | | 12. | | | | | | | | | | |
| **Employment Conditions** (customer’s placement must meet all non-negotiables) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Conditions**  **Note:** All non-negotiable conditions must be achieved at  each reporting period; negotiables are preferences | | | | | | | | | | | | | | | | | **Negotiable** | | | | **Non-negotiable** | | | | | | **Achieved At** | | | | | | | | | | | | | | | |
| **Job**  **Placement** | | | | | **Job Retention Period** | | | | | | | | | | **Service**  **Closure** |
| **1st** | **2nd** | | **3rd** | **4th** | **5th** | | | | **6th** |
| 1. **Number of hours per week:** Minimum:       Max: | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Number of hours per shift:** Minimum:       Max: | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Days or times the customer is *not* available to work**:         or  NA-customer available 24/7 | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Earnings hourly or monthly:**   At a minimum $       At a maximum $        NA-no max | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Travel time and/or distance to and from work:** | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Transportation to and from work:** (✓ all that apply)   Bike  Bus  Car  Caregiver  Group Home  Parent  Paratransit  Rideshare  Walk  Other: (if any) | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Support needs and accommodation(s) at job**:   (multiple support needs or accommodations, enter as “other”) | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Job Skills Training may be provided:** (✓ all that apply)   In person only  Remotely and in person, after the Job Analysis is complete and when employer agrees to allow customer to use required technology at jobsite, and VRC has determined the customer would benefit from remote services via a Service Authorization that indicates remote services.  **Note:** The 2 required in-person visits may not be done remotely | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. **Environmental Preferences:** (multiple preferences, enter as “other”) | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. Other: | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. Other: | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| 1. Other: | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  |  | |  |  |  | | | |  |  |
| **Premiums Approved by VR Counselor** (✓all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autism  Brain Injury  Criminal Background  Deaf  Professional Placement  Wage  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provider and VR Contacts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SE Specialist will maintain contact with VR counselor every       days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact to be made by:  Email  Phone  Other, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Extended Services** (this section must be updated with each submission) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date(s) section completed and updated:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Natural Supports** (supports provided by coworkers, supervisor, parent, caregiver, friend, community member) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA: Customer currently has no natural supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact** | | | | | | | | | | | | | | | | | | **Type and frequency of support** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Relation:** | | | **Phone:**  **Email:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Relation:** | | | **Phone:**  **Email:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Relation:** | | | **Phone:**  **Email:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  **Relation:** | | | **Phone:**  **Email:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Extended Service Provider** (supports funded by waiver, social security, local authority, paid for by customer, or other resource) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA: Customer currently has no Extended Service Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact** | | | | | | | | | | | | | | | | | | | | **Type and frequency of support** | | | | | | | | | | | | | | | | | | | | | | |
| **Resource:**  **Name:**  **Title:** | | **Phone:**  **Email:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Resource:**  **Name:**  **Title:** | | **Phone:**  **Email:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Additional comments, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Information** (this section must be updated with each submission) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date(s) section completed, updated, and verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First placement**  **Second placement**  **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If customer has multiple placements, identify the employer, start date and end date of each:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Name:** | | | | | | | | **Main phone number:** | | | | | | | | | | | | | | | | | | | | | | | **Website:** | | | | | | | | | | | |
| **Employer’s street address:** | | | | | | | | | | | | | | | | | | | | | | | **City:** | | | | | | | | | | | | | | | | **Zip:** | | | |
| **Customer’s job title:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Position:**  Full-time  Part-time  Permanent  Temp to Hire  PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of hours the customer is working:** | | | | | | | | | | | | | | | **Which days does the customer work?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s employment benefits:** (e.g., medical, dental, vacation, sick leave) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List the customer’s job tasks:** (at least two must match plan above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor’s name:** | | | | | | | | | | | **Phone number(s):** | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | | | |
| **Describe the best time and method to contact the supervisor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment dates for the first 5 days worked:**  Day 1:      Day 2:       Day 3:       Day 4:       Day 5: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date customer achieved the Job Retention Period-Benchmark:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1st-28 day: | | | | | | | | | 2nd-28 day: | | | | | | | | | | | | | | | | 3rd-28 day: | | | | | | | | | | | | | | | | | |
| 4th-28 day: | | | | | | | | | 5th-28 day: | | | | | | | | | | | | | | | 6th-28 day:       Other, describe: | | | | | | | | | | | | | | | | | | |
| **Job Stability Date(s):** | | | | | **SE Closure Meeting Date:**       **Customer’s Earnings at Closure:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Visits: Job Stability through SE Closure**  Note: Visits during Job Retention are recorded on the VR1634, Supported Training Plan and Job Retention Report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Visits-** a minimum 2 visits required every 30 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | **1st 30-day** | | | | | | **2nd 30-day** | | | | | | **3rd 30-day** | | |
| Customer’s funded, paid and/or natural support Extended Service provider working as planned | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | Yes No | | | | | | Yes No | | |
| Customer is satisfied with the position, hours, and wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | Yes No | | | | | | Yes No | | |
| Customer has reliable transportation to and from the job site including a back-up plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | Yes No | | | | | | Yes No | | |
| Customer appears to be meeting the physical and environmental demands of the position with accommodations and supports in place and working | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | Yes No | | | | | | Yes No | | |
| **1st-30-day:** | Visit date:       Location | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | |
| **2nd-30-day:** | Visit date:       Location | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | |
| **3rd-30-day:** | Visit date:       Location | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | | | | | Visit date:       Location: | | | | | | | | | | | | |
| **Additional Comments, if any** (date entries): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Contact-** a minimum 1 contact required every 30 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | **1st 30-day** | | | | | | **2nd 30-day** | | | | | | **3rd 30-day** | | |
| Employer reports satisfaction with the customer job performance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | Yes No | | | | | | Yes No | | |
| **1st-30-day:** Contact date:       Met with: | | | | | | | | | | | | | **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2nd-30-day:** Contact date:       Met with: | | | | | | | | | | | | | **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3rd-30-day:** Contact date:       Met with: | | | | | | | | | | | | | **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Comments, if any** (date entries): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For:**  Original SE Plan Meeting  Job Placement after 5 shifts worked  3rd Job Retention Period  6th Job Retention Period | | | | | | | | | | Updated SE Plan Meeting: Date:  1st Job Retention Period  4th Job Retention Period  Closure Benchmark | | | | | | | | | | | | | | | | 2nd Job Retention Period  5th Job Retention Period | | | | | | | | | | | | | | | | |
| **VR Counselor Signature-** Only required when the SE Plan is created or updated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing below, you certify you completed the SE Plan at the SE Plan Meeting and agree with all content on the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VR Counselor’s typed name:** | | | | | | | | | | | | | | | | **VR Counselor’s signature:**  **X** | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | |
| **Customer and Authorized Representative Signature-** required each time for form submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Verification of the customer’s and/or customer’s authorized representative’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature  By sending a copy of the document returned with a scanned signature  Unable to obtain signature, describe attempts: |
| By signing, I agree my job will be based on the job tasks, employment conditions, and extended services identified in the SE plan.  After job secured, I agree I am satisfied with the job’s hours, wages, and information on VR1632, Supported Employment Plan and Employment Report and VR1634 Training Plan and Job Retention Report. |

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| **Customer’s typed name:** | **Customer’s signature:**  **X** | **Date:** |
| **Authorized Representative’s typed name, if applicable:** | **Authorized Representative’s signature:**  **X** | **Date:** |
| **Supported Employment Specialist Signature-** Required when the SE Plan is created/updated and when the report is submitted. | | |
| By signing below, I certify that:   * I secured and assisted the customer with a position that meets 100% of the non-negotiable conditions and at least 2 potential job tasks as listed on the most recent VR1632; * I made the required customer and employer visits; * Extended Service Provider information on this form is accurate; * The employment information on this form is accurate and has been updated if anything has changed; * I maintain the staff qualifications required for a Supported Employment Specialist as described in the VR‑SFP; and * The customer’s and/or customer’s authorized representative’s satisfaction and service delivery were obtained as stated above. | | |
| **Supported Employment Specialist’s Typed Name:** | **Supported Employment Specialist’s signature:**  **X** | **Date:** |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  **Endorsements:**  None  Autism  Brain Injury  Other, specify:  RID/BEI/SLIPI with Number:       or  proof attached | | |

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| **Director-** Required after placement when the report is submitted | | |
| **By signing below, I, the Director, certify that:**   * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization; and * I maintain the UNTWISE Director credential. | | |
| **Director Typed or Printed name**: | **Director Signature:**  **X** | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | |
| **VRS Use Only** | | |
| Any VR staff member may complete the VRS Use Only section.   If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices. | | |
| |  | | --- | | **Provider Qualifications Verification** | | | |

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| **Director Credential:** |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  maintained or waived the UNTWISE Director Credential  did **not** hold a valid UNTWISE Director Credential |

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| **Supported Employment Credential:** | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Supported Employment Specialist listed above:  maintained or waived the required UNTWISE Credential did **not** holda valid UNTWISE Credential | | |
| **UNTWISE Endorsements:** | | |
| UNTWISE website verifies, for the dates of service, the Specialist listed above maintained the following endorsement:  None  Autism  Brain Injury  Other, specify: | | |
| **Qualifications Related to Deaf Premium:** | | |
| Attached documentation verifies, for the dates of service, the specialist listed above maintained one of the following:  Not applicable/no attachment  BEI  RID  SLIPI | | |
| **Report Verification** | | |
| Verified that the report is accurate and complete, per form instructions and the SFP | | Yes  No |
| Verified that the service was provided within the dates on the SA | | Yes  No |
| Verified that the appropriate fee(s) was invoiced | | Yes  No |
| Verified that the Employment Information section is accurate, complete, and updated | | Yes  No |
| Verified customer is working in competitive integrated employment | | Yes  No |
| Verified that the customer either worked: 5 shifts on 5 different days for the job development and placement benchmark, 28 days for each job retention benchmark, or 90 days between job stability and SE closure | | Yes  No |
| Verified customer achieved 100% of non-negotiable employment conditions and at least 2 potential job tasks on SE Plan | | Yes  No |
| Verified documentation of 2 in person visits at or away from jobsite with the customer and 1 employer visit each job retention period (see VR1634) or every 30 days between job stability and SE closure (see VR1632) | | Yes  No |
| Verified customer satisfaction through signature on the form and/or by VR staff member contact with customer | | Yes  No |
| **VR staff name:** | **Date:** | |