|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions logo | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Bundled Job Placement Services Plan Part B and Status Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Demographic Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Bundled Job Placement Services** | | | | | | | | | | | | | | | | | | **Enhanced Bundled Job Placement Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | | | | **VRS Case ID:** | | | | | | | | | | | | | | | | | | | | **Service Authorization Number**: | | | | | | | | | | | | | | | |
| **Placement Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **During any Job Placement Plan Meeting, the VR counselor is responsible for:** Completing the VR1845A prior to completion of the original VR1845B; Completing the Demographic, Placement Plan, Premiums, Service Delivery sections; Recording all Employment Conditions in measurable terms and indicate if the Employment Conditions are “negotiable” or “non-negotiable.” Record “N/A” if an Employment Condition criterion does not apply to the customer and Job Placement specialist; Providing signed copies to the customer and the Job Placement specialist; Providing an electronically fillable (Microsoft Word) copy to the Job Placement specialist; Placing the original signed paper copy in the VRS case file.            **Once the customer is employed, the Job Specialist is responsible for completing the following for each benchmark:** Indicating whether the Employment Conditions and Employment Goal are achieved each time the report is submitted; Filling out, verifying, and updating, as necessary, the Job Placement Information section each time the report is submitted; Obtaining the required signatures.      **Note:** If the employment goal changes or non-negotiable conditions become negotiable, a new updated Placement Plan must be completed by holding a Job Placement Planning Meeting before the customer begins employment. When a customer is placed in a new position with the same or new employer, the provider must complete the form for each benchmark in the new 90-day count of employment. That placement count does not start until the day after the Plan has been updated or first day worked. VR staff members and the customer will make the final decisions related to the employment goal and the non-negotiable conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Meeting:** | | | | | | | | | | | **Original Meeting** | | | | | | | | | | | | | | | | | | | | **Amended Plan Meeting** | | | | | | | | | | | | | | |
| **Attendees of Meeting:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Negotiable** | | | | **Non-Negotiable** | | | **Achieved at:** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | **5th day** | | **45th day** | **90th day** |
| 1. **Number of hours per week:** Minimum       and maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Number of hours per shift:** Minimum       and maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Minimum earnings hourly or monthly: $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Maximum earnings hourly or monthly: $**        **or**  N/A-no max | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Day or times the customer is available and not available to work:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| Weekdays: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| Weekends: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Transportation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| Methods available(i.e., bus routes, car, walk, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| Time and/or distance to and from work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Environmental Preferences:** (such as: busy, quiet, supervision, inside, outside) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Describe mandatory commitment(s) and other support needs**   (such as: child and/elder care, religious observances, entitlements, waivers, criminal charges or convictions, and probation/parole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **List job site accommodation(s) and other support needs:** (such as: physical restrictions, supervision, training needs, or adaptive equipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| 1. **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  |  |
| **Employment Goal(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * VR staff will record no more than 3 Standard Occupational Classification (SOC) System Codes using the full, 6-digit SOC Cluster-SOC-Codes and will record the SOC Occupational Title and a description of the job responsibilities, skills, or work duties. * The job tasks for the job obtained must meet tasks included in the SOC code’s description. SOC job tasks can be found at: <https://www.onetonline.org/find/>   **Note:** It is not necessary to list all job tasks listed in the O’Net description. Summarize primary tasks the customer is to perform. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6-Digit SOC Code(s):** | | **SOC Occupational Title:** | | | | | | | | | | **Summary of**  **primary Job Tasks based on the SOC code to be performed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Achieved at:** | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5th day** | | **45th day** | **90th day** |
| 1. | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| 2. | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| 3. | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Premiums Approved by VR Counselor** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autism | Blind | | Brain Injury | | | | Criminal Background | | | | | | | | | Professional Placement | | | | | | | | | | | Wage | | | | | | Deaf Other: | | | | | | | | | | | | |
| **Service Delivery****(**Refer to SFP 3.4.8 Remote Service Delivery) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resume must be completed:** Yes  No | | | | | | | | | | | | | | | | | | | | | | | **Mock interviews must be video recorded:** Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| **VR counselor approves training required in Benchmark A to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In person at job site | | | | | | In person at or away from job site | | | | | | | | | | | | | | | | | | | Remotely | | | | | | | | Combination, in person and remotely | | | | | | | | | | | | |
| **VR counselor approves the two required customer visits between the 6th day of employment and the 45th day to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In person at job site | | | | | | In person at or away from job site | | | | | | | | | | | | | | | | | | | Remotely | | | | | | | | Combination, in person and remotely | | | | | | | | | | | | |
| **VR counselor approves the two required customer visits between the 46th day of employment and the 90th day to be provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In person at job site | | | | | | In person at or away from job site | | | | | | | | | | | | | | | | | | | Remotely | | | | | | | | Combination, in person and remotely | | | | | | | | | | | | |
| **Job Placement Specialist maintains contact with VR counselor every:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Placement Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date(s) section completed, updated, and verified:** | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | |  | | | | | |  | | |
| **First Placement** | | | | | | | | | | **Second Placement** | | | | | | | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | | |
| **Employer Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | **Main phone number:** | | | | | | | | | | | | | | | | | | | | **Website:** | | | | | | | | | | | | | | | |
| **Street address:** | | | | | | | | | | **City:** | | | | | | | | | | | | | | | | | | | | **Zip:** | | | | | | | | | | | | | | | |
| **Supervisor’s name:** | | | | | | | | | | **Phone number(s):** | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | | | | | |
| **Customer’s Placement:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer’s job title:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of job duties and responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the employment, work setting, and environment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any accommodations, compensatory techniques and/or training needs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position:** | Full-time | | | Part-time | | | | Permanent | | | | | | Temp to Hire | | | | | | PRN | | | | | | **Number of hours customer is working:** | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s employment benefits:** (e.g., insurance, vacation, sick leave) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe how you assisted the customer in obtaining the position:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any consultations made with the business:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment dates for the first 5 days worked:** | | | | | | | | | | | | | Day 1: | | | | | | | | Day 2: | | | | | | | Day 3: | | | | | | | | Day 4: | | | | Day 5: | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Average number of hours customer is working each week:** | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | |
| **Customer states they have received the training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Benchmark B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of 45th day met:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average number of hours customer is working each week:** | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer states they have received training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer Visits** (Minimum 2 visits required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **In person at job site** | | | | | **In person at or away from job site** | | | | | | | | | | | | | | | | | **Remotely** | | | | | | | | | | **Combination, in person and remotely** | | | | | | | | | | | | | |
| **Give summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **In person at job site** | | | | | **In person at or away from job site** | | | | | | | | | | | | | | | | | **Remotely** | | | | | | | | | | **Combination, in person and remotely** | | | | | | | | | | | | | |
| **Give summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional visits, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Contact** (not required, but a best practice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No contacts made with the employer at the request of the customer.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer reports satisfaction with the customer’s job performance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Contact date:** | | | | | | | | | | **Met with:** | | | | | | | | | | | | | | | | | | | | **Title:** | | | | | | | | | | | | | | | |
| **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional contacts/consultations, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benchmark C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of 90th day met:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of work schedule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How work schedule is verified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Average number of hours customer is working each week:** | | | | | | | | | | | | | | | | | | | **How hours are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Hourly or monthly wages:** | | | | | | | | | | | | | | | | | | | **How wages are verified:** | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | | | |
| **Customer is satisfied with the job’s essential and nonessential responsibilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer states they have received training necessary to meet employer’s expectations:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer is satisfied with the position, hours, and wages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer reports they are meeting the physical and environmental demands of the position with accommodations and supports in place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer has reliable transportation to and from the job site, including a back-up plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Customer Visits** (Minimum 2 visits required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **In person at job site** | | | | | **In person at or away from job site** | | | | | | | | | | | | | | | | | **Remotely** | | | | | | | | | | **Combination, in person and remotely** | | | | | | | | | | | | | |
| **Give summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visit Date:** | | | | | | | | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | | | | | |
| **In person at job site** | | | | | **In person at or away from job site** | | | | | | | | | | | | | | | | | **Remotely** | | | | | | | | | | **Combination, in person and remotely** | | | | | | | | | | | | | |
| **Give summary of visits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional visits, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Contact** (not required, but a best practice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No contacts made with the employer at the request of the customer.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Employer reports satisfaction with the customer’s job performance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | |
| **Contact date:** | | | | | | | | | | **Met with:** | | | | | | | | | | | | | | | | | | | | **Title:** | | | | | | | | | | | | | | | |
| **Description of the employer’s report:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summarize additional contacts/consultations, if any:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For:**  Original JP Plan Meeting | | | | | | | | | | Updated JP Plan Meeting: | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | |
| Benchmark A | | | | | | | | | | Benchmark B | | | | | | | | | | | | | | | | | | | | Benchmark C | | | | | | | | | | | | | | | |
| **VR Counselor Signature-** Only required when the Job Placement Plan is created or updated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing below, you certify you completed the JP Plan at the JP Plan Meeting and agree with all content on the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VR Counselor’s typed name:** | | | | | | | | | | | | | | | **VR Counselor’s signature:**  **X** | | | | | | | | | | | | | | | | | | | | | | | | | | **Date signed:** | | | | |
| **Customer and Authorized Representative Signature-** required each time for form submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **Verification of the customer’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:  Email verification, per VR-SFP 3 (must be attached) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By signing, I agree:   * I am satisfied with the information on the VR1845A; * I am satisfied my job will be based on the employment conditions, and employment goal identified on this form; * After the job is secured, I agree I am satisfied with the job’s hours, wages, agree the employment conditions recorded above are being  met and verify the visits recorded have happened. * The customer’s satisfaction and service delivery were obtained as stated above. | | | | | | | | | | |
| **Customer’s typed name:** | | | **Customer’s signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | | **Date signed:** | |
| **Job Placement Specialist Signature** (required each time form is submitted) | | | | | | | | | | |
| By signing below, I certify that:   * I secured and assisted the customer with a position that meets 100% of the non-negotiable  and 50% of the negotiable conditions, and one of the six-digit SOCs listed on this form; * Customer’s job responsibilities match those on the SOC listed as the achieved employment goal; * Verification of the customer’s satisfaction and service delivery obtained as state above; * I made the required customer visits and employer contacts; * The employment information on this form is accurate and has been updated if anything has changed; * The 90-day count of employment is continuous, and the customer has not taken a new position with the same or new employer during the  count; and * I maintain the staff qualifications required for a Job Placement Specialist as described in the VR-SFP or Service Authorization. | | | | | | | | | | |
| **Job Placement Specialist’s typed name:** | | | **Job Placement Specialist’s signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | | **Date signed:** | |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  **Endorsements:**  None  Autism Blind  Brain Injury Deaf - RID/BEI/SLIPI with Number:       or  proof attached  Other, specify: | | | | | | | | | | |
| **Director** (only required for Traditional-Bilateral Contractors) | | | | | | | | | | |
| **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; * I maintain UNTWISE Director credential, as prescribed in VR-SFP; * I signed my signature and entered the date below. | | | | | | | | | | |
| **Director typed or printed name:** | | | | **Director Signature:** (See VR-SFP 3 on Signatures)  **X** | | | | | | **Date Signed:** |
| **Select all that apply:** | | UNTWISE Credentialed with ID: | | | | VR3490-Waiver Proof Attached | | | | |
| **VRS Use Only** | | | | | | | | | | |
| 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. Make a case note to document the results of the review and the date VR3460 was sent to the provider, when applicable. | | | | | | | | | | |
| **Technical Review to Verify Provider Qualifications**  (Completed by any VR staff such as RA, CSC, VR Counselor) | | | | | | | | | | |
| **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 | | | | | | | | | | |
| **Job Placement Specialist’s Credential:** | | | | | | | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialist listed above:  maintained or waived the required UNTWISE Credential did **not** holda valid UNTWISE Credential | | | | | | | | | | |
| **UNTWISE Endorsement(s):** | | | | | | | | | | |
| UNTWISE website verifies, for the dates of service, the Job Placement Specialist listed above maintained the following endorsement:  None  Autism  Blind  Brain Injury  Other, specify: | | | | | | | | | | |
| **Qualifications Related to Deaf Premium:** | | | | | | | | | | |
| Attached documentation verifies, for the dates of service, the Job Placement specialist listed above maintained one of the following:  Not applicable/no attachment  BEI  RID  SLIPI | | | | | | | | | | |
| **Verification of Service Delivery** | | | | | | | | | | |
| **Technical Review** (completed by any VR staff, such as RA, CSC, VR Counselor) | | | | | | | | | | |
| Verified the report is accurately completed per form instructions: | | | | | | | | | | Yes  No |
| Verified the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA: | | | | | | | | | | Yes  No |
| Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form: | | | | | | | | | | Yes  No |
| When applicable, verified a copy of an approved VR3472 is attached to the report: | | | | | | | | NA  Yes  No | | |
| Verified the customer’s current employment and employer information is described on the form: | | | | | | | | | | Yes  No |
| Verified the customer worked 5 days prior to achievement of Benchmark A or worked 45 days for achievement of Benchmark B  or worked 90 days with the same employer in the same position for achievement of Benchmark C: | | | | | | | | | | Yes  No |
| Verified there were 2 in-person visits at or away from job site with the customer from day 6 through day 45 and from day 46 through 90: | | | | | | | | | | Yes  No |
| Verified the customer’s satisfaction with the training through signature on the form and/or by VR staff member contact with customer: | | | | | | | | | | Yes  No |
| Verified the appropriate fee(s) was invoiced: | | | | | | | | | | Yes  No |
| **Print staff member(s) names who completed the technical review and/or verified the UNTWISE Credentials:** | | | | | | | | | | |
| 1. | Date: | | | | 2. | | Date: | | | |
| **VR Counselor Review** | | | | | | | | | | |
| Verified a CIE checklist is not required: | | | | | | | | | | Yes  No |
| Verified the customer worked 90 days with the same employer in the same position: | | | | | | | | | | Yes  No |
| Verified customer achieved 100% of non-negotiable employment conditions and at least 50% of the negotiable employment conditions at achievement of each benchmark: | | | | | | | | | | Yes  No |
| Verified customer has achieved the employment goal on form by matching one of the six-digit SOCs and is performing job tasks and responsibilities that are included in the ONet description for the six-digit SOCs: | | | | | | | | | | Yes  No |
| Verified at the original or any additional job placements, Job Placement Specialist assisted the customer in securing the job placement (training, job leads, etc.): | | | | | | | | | | Yes  No |
| Verified the products produced from the service are accurate, professional, and of acceptable quality (e.g., self-assessments, résumés, elevator speech, employment conditions, extension activities): | | | | | | | | | | Yes  No |
| **By typing or printing your name, the VRC verifies:**   * completion of the technical review; * services provided met the customer’s individual needs; * services provided met specifications in the VR-SFP and on the SA; and * customer’s satisfaction with services received.   **Approve to pay invoice**  **Do not approve to pay invoice** | | | | | | | | | | |
| **VR Counselor:** | | | | | | | | | | Date: |