# Employment Services JOB PLACEMENT (FOR SE CONSUMERS) INFORMATION FORM template (11.18.22)

**This form template is optional to use**. Community Rehabilitation Programs (CRPs) providing Employment Services Job Placement Services to DOR Supported Employment Consumers may use this form template for invoicing/reporting or may create their own invoice/report form if the same information/data is covered. Please contact your Local Resource Specialist if you would prefer an unrestricted/unlocked template to customize for your agency

## Consumer and Worksite Information

Date:

SE Service Provider Agency Name:

SE Service Provider Agency Address:

Consumer:

UCI#:

DOR QRP:

DOR District:

Employer/Work Site Name:

Employer/Work Site Address:

Job Title:

Start Date:

Employer Phone Number:

Supervisor Name:

Number of Employees at Worksite:

## Consumer Wage and Benefits Information

Wage:  per  Hours per Week:

Probation Period:

Who is paying consumer?

[ ]  Employer [ ]  CRP

Is this customary wage? [ ]  Yes [ ]  No

 Benefits: [ ]  Medical [ ]  Vacation [ ]  Sick Leave

Are these customary benefits? [ ]  Yes [ ]  No

If not, is consumer expected to earn customary wage/benefits by case closure?

[ ]  Yes [ ]  No [ ]  Not Applicable

## Consumer Work Schedule

Work Schedule(indicate work hours; example: 9am-2pm):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

## Additional Details of Consumer’s Job Placement

### Transportation funded by:

[ ]  DOR[ ]  Regional Center

[ ]  Other:

Travel:

Mode of travel:

Number minutes one way:

Job Description:

Accommodations Needed(not including job coaching)?

[ ]  Yes [ ]  No

If yes, describe:

Job Coaching Plan/Services Recommended(must include job coach hours needed):

Additional Needs:

[ ]  Clothing [ ]  Tools [ ]  Adaptive Technology

[ ]  Benefits Counseling [ ]  Wage Reporting

[ ]  Other, please specify and request DOR authorization, if needed:

## Signature and Contact Information

SE Service Provider Signature:

Date Signed:

Email Address:

Phone Number:

## Distribution

[ ]  DOR District Office (with Invoice) [ ]  DOR QRP (via email or fax)

[ ]  Regional Center

**NOTICE** This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.