

SE MILESTONE-1

MILESTONE/SERVICE DATES: START: _____ END _____

Consumer Name:	Address:	Phone Number:	Email:
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M-1 SUPPORTED EMPLOYMENT JOB SEARCH AGREEMENT

VR Counselor:	Date Submitted:
VR IPE Job Goal:	Other Acceptable Options:
Contributions (qualities you have to offer an employer)	Preferences (things you would prefer in a job):
Requirements (things you must have to accept a job):	Environments / Jobs to Avoid:
Employment Barriers	Possible Solutions:

Here is a list of job search skills and activities that a person will need to have the ability to do to successfully obtain employment. Please mark the activities that would be most helpful for you and the Supported Employment Specialist to do together during the job development process.

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Internet Search Training / Computer Access
<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Keep Scheduled Appointments
<input type="checkbox"/> Job Leads / Information	<input type="checkbox"/> Arrive on Time
<input type="checkbox"/> Networking	<input type="checkbox"/> Return Calls
<input type="checkbox"/> Personal / Appearance Needs	<input type="checkbox"/> Symptom Management
<input type="checkbox"/> Cover Letter/Resume	<input type="checkbox"/> Application Assistance
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Permission to Contact Employers on Behalf of Consumer for Job Advocacy and Job Retention
<input type="checkbox"/> Current Transportation Plan:	<input type="checkbox"/> Employer Advocacy / Follow-up
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Take to Job Interviews (when available)
<input type="checkbox"/> Worksite Accommodation Needs	<input type="checkbox"/> Other:
Comments (include explanation of why Benefits Analysis was needed and person/agency who did it)	

X _____
Consumer Signature

Date

X _____
Supported Employment Specialist Signature

Date