

SE MILESTONE-3

MILESTONE/SERVICE DATES: START: _____ END _____

Consumer Name:	Address:	Phone Number:	Email:
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M-3 SUPPORTED EMPLOYMENT JOB STABILIZATION REPORT

DATE FAXED:	VR COUNSELOR:	JOB START DATE:	STABILIZATION DATE:
NAME OF EMPLOYER:		JOB TITLE:	
HOURLY WAGE:	HOURS PER WEEK:	JOB DUTIES:	
STABILIZATION CRITERIA: <input type="checkbox"/> CONSUMER SATISFIED WITH JOB & PROGRESS <input type="checkbox"/> ON THE JOB MINIMUM OF 30 DAYS <input type="checkbox"/> CONSUMER PERFORMANCE MEETS EMPLOYER EXPECTATIONS <input type="checkbox"/> SUPPORTS ARE SUFFICIENT TO MAINTAIN JOB		BENEFITS: <input type="checkbox"/> HEALTH INSURANCE <input type="checkbox"/> PAID SICK LEAVE <input type="checkbox"/> RETIREMENT PLAN <input type="checkbox"/> NONE <input type="checkbox"/> DENTAL <input type="checkbox"/> PAID VACATION <input type="checkbox"/> OTHER	
		EMPLOYER FEEDBACK:	
		NAME OF EMPLOYER CONTACT:	

SUPPORTS PROVIDED THROUGH STABILIZATION:

PROJECTED INTERVENTIONS:

<input type="checkbox"/> Job Coaching - <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Job Coaching - <input type="checkbox"/> On Site <input type="checkbox"/> Off Site
<input type="checkbox"/> Consumer Contact- _____ (times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:	<input type="checkbox"/> Consumer Contact- _____ (times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:
<input type="checkbox"/> Employer Contact – _____ (times per month): <input type="checkbox"/> NA	<input type="checkbox"/> Employer Contact – _____ (times per month): <input type="checkbox"/> NA
<input type="checkbox"/> Assistance Learning the Job	<input type="checkbox"/> Job Retention Skills
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Coordinate with Mental Health Providers / Symptom Management	<input type="checkbox"/> Coordinate with Mental Health Providers / Symptom Management
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Attendance Skills
<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
<input type="checkbox"/> Worksite Accommodations	<input type="checkbox"/> Develop Natural Supports
<input type="checkbox"/> Develop Work/Life Balance	<input type="checkbox"/> Work / Life Balance
<input type="checkbox"/> Develop Transportation Plan	<input type="checkbox"/> Transportation Assistance
<input type="checkbox"/> Personal / Appearance	<input type="checkbox"/> Personal / Appearance
<input type="checkbox"/> Coping Skills	<input type="checkbox"/> Coping Skills
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Comments:	Comments:

X _____
Supported Employment Specialist Signature

Date

X _____
Nebraska VR Specialist Signature

Date