

SE MILESTONE-4

MILESTONE/SERVICE DATES: START: _____ END _____

Consumer Name:	Address:	Phone Number:	Email:
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M-4 VR CLOSURE AND SE JOB RETENTION PLAN

DATE FAXED:	VR COUNSELOR:	POSSIBLE OUTCOME DATE:
IPE JOB GOAL:		JOB TITLE:
NAME OF EMPLOYER:		JOB DUTIES:
HOURLY WAGE:	HOURS PER WEEK:	
CLOSURE CRITERIA: <input type="checkbox"/> CONSUMER SATISFACTION <input type="checkbox"/> ON THE JOB AT LEAST 90 DAYS <input type="checkbox"/> EMPLOYER SATISFACTION <input type="checkbox"/> LONG TERM SUPPORTS IDENTIFIED		BENEFITS: <input type="checkbox"/> NONE <input type="checkbox"/> HEALTH INSURANCE <input type="checkbox"/> DENTAL <input type="checkbox"/> PAID SICK LEAVE <input type="checkbox"/> PAID VACATION <input type="checkbox"/> RETIREMENT PLAN <input type="checkbox"/> OTHER
		EMPLOYER FEEDBACK:
		NAME OF CONTACT:

SUPPORTED EMPLOYMENT SERVICES PROVIDED	JOB RETENTION PLAN (projected long term supports)
<input type="checkbox"/> Employment Advocacy	<input type="checkbox"/> Consumer Contact: (projected number of times per month) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Email, Phone, Text:
<input type="checkbox"/> Job Search Activities	
<input type="checkbox"/> Job Seeking Skills	<input type="checkbox"/> Employer Contact (projected number of times per month) <input type="checkbox"/> NA
<input type="checkbox"/> Job Coaching: <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	<input type="checkbox"/> On-Site: <input type="checkbox"/> Emails, Phone:
<input type="checkbox"/> Consumer Contact: (Avg # of times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Email, Phone, Text:	<input type="checkbox"/> Develop Natural Supports
<input type="checkbox"/> Employer Contact: Face-Face, Calls <input type="checkbox"/> NA	<input type="checkbox"/> Job Retention & Maintenance Skills:
<input type="checkbox"/> Work Performance Skills	<input type="checkbox"/> Symptom Management
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Symptom Management	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Work / Life Balance	Anticipated Discharge Date from SE: _____
<input type="checkbox"/> Work Related Social Skills	COMMENTS:
<input type="checkbox"/> Problem Solving	

X _____
Consumer Signature

Date

X _____
Supported Employment Specialist Signature

Date

X _____
Nebraska VR Specialist Signature

Date of Closure