Customized Employment
Service Provider Manual

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Alaska
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This manual is available to download in Word and PDF formats at the Alaska Division of Vocational Rehabilitation’s Customized Employment website: www.labor.state.ak.us/dvr/ce.
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Participant Information
Participant Information

Mission
Our mission is to support the rights of those living with life complexities and disabilities to participate in all aspects of vocational services, while striving to eliminate barriers to employment. Together we form partnerships with individuals, families, employers, service providers, and the community at large to support the creation of expanded work options and meaningful employment, promote economic opportunities and independence, encourage self-determination, and support the inclusion of people with complex lives into the community.

What is Customized Employment?
Customized Employment (CE) is a process of individualizing the employment relationship between employees and employers in ways that meet the needs of both. It is based on a match between the unique strengths, needs, and interests of the individual, and the identified needs of the employer.

Features of CE:

· Coordination of services through a service delivery team, process – "wrap around"
· Discovery Process and Personal Profile
· Customized Employment Planning
· Personal Portfolios and Presentational Materials
· Job Carving, Negotiation, and Creation
· Budget and Planning Assistance
· Job Site Analysis/Support
· Training and Vocational Skill Building
· Entrepreneurship Services

Customized Employment Service Coordination
Job Center partners and other agencies cooperate to provide a seamless delivery of services for persons with disabilities and their families by sharing responsibility for employment services as well as cooperating on the funding of support needs to achieve a customer’s preferred employment objective.

Hiring a Service Provider
The Customized Employment Approach recruits traditional and non-traditional organizations to provide customized employment services. Trained individual consultants and agencies qualify as employment service providers and are available to customize employment. A DVR Counselor or
another professional case manager will assist in interviewing, hiring and monitoring a service provider to provide the customized employment services listed above.

**Customer Agreement**

You have chosen to participate in Customized Employment. The goal is to find employment in your community based on a process of identifying your contributions, preferences, and your conditions for employment.

This agreement is to help you and your service delivery team focus on obtaining employment in the community. This agreement will give each of us a clear understanding of the expectations of your participation.

- My participation in Customized Employment means that I want to become employed in the community within the next three to six months.
- I will be provided with a copy of this handbook to tell me detailed information about my involvement and the role of various staff such as the disability program navigator, case manager, service delivery team and service provider that I utilize.
- With the assistance of my case manager and *service delivery team*, I will develop a timeline that identifies an estimated amount of time for each step to be completed in the customized employment process.
- My designated lead *case manager* will assist me in solving any difficulties that may arise with my service delivery team or service provider that I will be using for services.

__________________________   _____________   _________________________________   ________
Participant                                      Date Case Manager, Counselor           Date
Provider Guidelines
Provider Guidelines

Major Responsibilities

- Collaborate with, and work as part of a team with, the customer, family, friends, the case manager, service delivery team, other professionals and other people who function as natural supports in the customer’s life
- Complete the individualized personal profile that results from the discovery process
- Assist with service team meetings such as the job development planning meeting
- Perform job development/job carving based on customers preference, conditions, and contributions
- Complete job site analysis/technology analysis as needed
- Work with customer to develop a plan for job facilitation and support as needed
- Document the delivery of the outcomes, including any data gathered and any observational notes taken
- Ensure that services meet the customer’s specifications as agreed

Experience and Performance Requirements

- Past, related experience in assessing preferences, conditions, contributions and job development
- Demonstrated performance in delivering quality outcomes
- Completion of the customized employment training
- Liability and automobile insurance to cover the period of service delivery

Provider Training and Curriculum Content

- Informed choice, customer service concepts and strengths-based approach
- Conducting the discovery-personal profile, service team meeting, job development, and job carving processes
- Job site facilitation
- Job analysis

Service Agreement: Is a clearly detailed agreement specifying desired outcomes of the individual and the responsibilities of the service provider.

Customer Satisfaction: The achievement of customer satisfaction is not merely based on acknowledgment after the delivery of a product or service. It is dependent on the skills and willingness of the customer, case manager, and service delivery team to actively monitor and negotiate the delivery of services and completion of satisfaction form.
Quality Outcomes and Qualified Providers

Two Sides of the Same Coin

**Quality Service**

- The customer is recognized and treated as a partner in the service delivery relationship.
- The outcomes of the service are consistent with the customer’s informed choice and strengths-based approach.
- Services are provided in a manner that reflects respect for the customer and awareness of the impact of service delivery to the customer.
- A fair price is charged for the service.
- The agreed-upon work is performed within the time targeted, or in a reasonable time.
- The customer has access to a copy of the paper work that documents the delivery of the services and outcomes, as well as any data or observational notes created during service delivery.
- Services and outcomes are community-based and accessible by the customer and family.

**Providers**

- Offer services only if they have the experience and skills or educational credentials.
- Provide proof of liability insurance and have marketing materials available.
- Agree to behave in ways consistent with applicable codes of ethics.
- Affirm that they do not have past or legal convictions—nor conflicts of interest related to service delivery.
- Possess the financial resources and stability to perform services and achieve outcomes before being paid.
- Are willing to treat customers with respect and provide individualized services.
- Offer a reasonable guarantee to customers to redo services that are not acceptable or do not achieve the agreed upon outcome.
- Work to offer individualized outcomes rather than generic programs.
Customized Employment Process
The Customized Employment Process

We believe that virtually everyone is "employable," given sufficient resources and quality supports. It is clear to us however, that money alone is not enough to assist people who have truly complex lives to become employed. It also takes effective support strategies. One of the strategies associated with CE is that participants and their service providers follow a proven process to achieve employment.

This process consists of a combination of the following services:

- Discovery/Personal Profile
- A Portfolio
- A Service Team Planning Meeting that links planning with job development
- Individualized job development which targets the type of job which you want
- A job analysis of the employment site and your specific job duties and
- An employer-directed support plan which provides you with all the support you need to successfully perform your job

Questions concerning this process should be directed to the local Job Center or Division of Vocational Rehabilitation staff.

Discovery/Personal Profile

Discovery is a strategy that can be used by professionals, families, friends and community members to provide a common-sense foundation to approach person-centered planning by answering the question, “Who is this person?” The strategy of discovery is a form of qualitative research in that, during the process, attempts are made to uncover unique and meaningful insights into the individual. It yields a form of biography (personal profile) that becomes the basis of the planning process.

A service provider is expected to spend between 10 and 15 hours of time getting to know an individual by asking questions, observing at home and in the community, talking to family and friends, reading records of programs attended, and by interviewing human service staff who knows them well. A provider should also conduct a thorough inventory of the neighborhood, section of town, and other areas which are frequently visited. The provider will be noting transportation availability, potential job sites, safety factors, and numerous other issues which help to frame the customer’s life within their community. There are often specific questions in the personal profile that must be addressed.

It is important for a provider to visit the home in order to understand how a customer lives and to observe any accommodations which are used to help them live successfully. If a customer is
uncomfortable with having a provider in the home, consider holding a meeting near the home in a public place such as a library, café, or community center.

When the discovery/personal profile is complete, the provider should provide the service team a copy of the profile form. This form is document that describes an array of issues which comprise a person’s life. The client should have read this profile and support its content. The profile should be neatly printed in “Word” format and written in narrative form. Look for the following before approving a profile:

- Although the client’s complexities should be understood, the profile should be written in positive language, stating what a person can do, not focusing on things that they cannot do.
- The profile should be written in language which all team members can understand.
- The profile should fully address each item on the form unless it is clear that an item is not relevant.
- If there is disagreement with a certain item(s) on the profile the client should have the final say. The provider should be willing to amend the profile with the requested changes.
- The customer should feel good about both the process of developing the profile and the way in which the profile form describes them.

**Portfolio**

The portfolio represents a participant in a pictorial fashion. It includes a series of representative pictures of the individual performing work or work type tasks. The information included in a portfolio is a visual representation that helps a job developer to present the information to employers in a professional manner. Creating a portfolio with the participant making choices about which pictures and what information is included has also turned out to be an empowering process for many participants. The portfolio includes:

- Name and Address
- Professional Goals
- Availability
- Employee Qualities
- Hobbies and Interests
- Special Abilities and/or Accomplishments
- Work (Volunteer) Experience
- Tasks that can be performed or that are desirable
- Available On the Job Supports
- Community Participation
- Additional Skills and Abilities
- References
There are both and pros and cons with respect to disclosing life complexities and disabilities. It is entirely up to the participant to make this decision.

**Service Team Planning Meeting**

The service team planning meeting follows the completion of the personal profile. This critically important meeting is designed to link the person’s capacities and interests with the job-finding efforts of the job developer.

The provider or lead case manager should initiate the service team planning meeting after completion of the personal profile. Sufficient notice should be given to persons who are invited to attend. It is important to have the right people at the meeting. Since this meeting is about an individual’s employment, they can decide who should attend. However, the following guidelines for asking persons to the meeting are recommended:

- Family members or relatives who can contribute positively to a meeting concerning future employment.
- Close friends or advocates who would offer helpful information and ideas.
- The planning meeting service provider, job developer (if separate from the profile provider), a counselor/case manager, and an advisor should be asked to attend.
- If there are human service staff, former teachers, or other persons who are paid to provide services, ask them to attend.

The number of persons at a service team planning meeting can range from just a few individuals to as many as 10 to 12 people. The number should reflect the customer’s comfort level.

The purpose of the planning meeting is to direct job development efforts on the job seeker’s behalf. The job developer will need specific information to take to employers. Additionally, the job developer needs to know where the customer might want to work and where to avoid. The meeting results in a three defined areas. This information is perhaps the most important aspect of finding good jobs for persons with challenging barriers to employment.

These areas include:

- **Components of an ideal job.**
- **The types of jobs** in which these components are found.
- **Specific employers** who may have these types of jobs/job tasks.

The job developer actually gets a "blueprint" of the kind of work desired and a prospecting list of employers who will be contacted. Additionally, the meeting facilitator will develop a checklist of conditions, preferences, and contributions from which the team can evaluate any
Job Development

Job development is the activity in which a service provider contacts targeted employers in a specific community in an effort to find the job seeker a job. Job developers target employers identified during the service team planning meeting and relate a person’s potential contributions to them. This process is based on the discovery / personal profile information.

If an employer has a need for the skills which are offered, an individualized job description is developed with the employer. This job description is tailored specifically for an individual, and it takes into consideration their preferences, conditions of employment and unique contributions as well as the reality of the impact of their disability and/or barriers to employment. A signed “release of Information” should be secured from the employer prior to initiating services.

Job/Technology Analysis (recommended)

A job/technology analysis is performed after a job has been developed, but before the person begins work. The selected provider will assist with job facilitation and support and should complete the job/technology analysis. The job/technology analysis provides the customer and the provider with a clear picture of the company in which they will be working and the duties to be performed. Additionally, the provider will identify any schedule accommodations or flexibility, accessibility, equipment, job station changes, other assistive technology or job supports that may be needed to successfully perform the job.

It is important to receive this analysis before beginning work. An advisor may be needed to help the participant understand the terms and conditions described in the analysis. If there seem to be inconsistencies between the analysis and the job description provided for job development, contact the provider and ask for clarification.

Employer-Directed Support Plan (recommended)

It is necessary to help ensure that the individual be as fully included in the job setting as possible. For this reason, we recommend an employer-directed support plan to assist both the employee and employer with the ideas, supports, and training necessary to be successful on the job.

The reason that the plan is employer-directed is that the customer works for the employer, not the service provider. While we feel that they will probably need an outside provider to assist them in ways that the employer is not able to do, we want the employer to feel "ownership" in responding to the employee’s needs. By asking the employer to direct the support plan, it is more likely that the supervisor and co-workers will be interested in planning to meet the job support needs. The provider’s role is to make this happen. Before the first day of work, the provider should introduce
the support plan to the employer. During the first month of work, we recommend that the service provider be available to provide assistance as determined by the employee and the employer. Hours will vary according to each employee’s individual needs.

In return, the employee should receive all of the training and support needed to begin the job in a successful manner. The service provider should encourage the supervisor and co-workers to assist in the way that all new employees are oriented and trained.

Toward the end of the first month, the provider should meet with the employer to develop the next month’s support plan. Based on the experiences of the first month, the employer should be able to better estimate actual support needs. The number of hours to be offered by the provider should reduce as the supervisor and co-workers are better able to meet the employee’s needs and as the employee better learns the job.

It is likely that the support plan will be reduced after several months. At that point, it is permissible to develop a plan for long term supports.

The following job facilitation plan information should be given to employers by the service provider.
Customized Employment Job Facilitation Plan

Information for Employers and Service Providers

The employee identified on the job facilitation plan form is being served through the customized employment model. This document will assist employers and local service providers better understand the approaches to support that are adopted by this model and the avenues to receive payment for services rendered to participants.

Employer Information

Customized Employment helps maximize employee contributions and provides people with complex lives the representation they need to secure a job. It also provides the new employee and his/her employer with assistance in training and support on the job. This combination of representation, training and support has helped many unemployed people with disabilities go to work while meeting employer’s needs.

We also recognize services are improved if we begin by assisting the employer to offer all of the training and orientation procedures available to any new employee. Therefore, all participants have a service provider to offer feedback, suggestions and direct training to employer personnel if necessary. The service provider is also available to work directly with the supported employee when the employer is not able to provide training or direct supervision. However, we feel that our participants should have access to:

- The same supports offered to all new employees, including orientation and initial job training.
- Reasonable accommodations offered to all employees with disabilities and complex lives to help offset the impact of these challenges on performance. This can be accomplished by providing additional supervisory supports, access to work, break and toilet areas, modified training procedures, and other creative solutions.

It is possible that these supports may not be sufficient to assist the employee to achieve successful performance. For this reason, other services are available to ensure success. Service providers can offer the following assistance:

- Monitor the results of employer assistance to the employee by keeping data on performance and training strategies.
- Offer feedback and suggestions on problems encountered during orientation and training.
- Provide direct training and supervision of the employee when the employer is unable to meet those needs.
- Bridge the gap between the employee’s work-related and non-work needs.
The job facilitation plan should be directed by the employer with input from the service provider. Details of the plan are provided below.

**Service Provider Responsibilities**

This model is a significant change from traditional job matching or supported employment. In a very real way, the service provider is now working for the employee on behalf of the employer. This enhances the opportunity to improve the quality of employment for persons with needing additional consideration.

Customized Employment has a commitment to maximize the involvement of employers in providing our participants with the same supports typically offered to all employees. We realize, however, that persons with severe physical/cognitive disabilities will continue to need the additional services offered by service providers. This dual responsibility requires clear communication and understanding between both parties to be successful. The role of the service provider is to:

- Analyze the needs of the employer and the culture of the work place in order to be in a position to offer support.
- Assist the employer to plan for the orientation and training to be offered.
- Offer suggestions and feedback to personnel the employer assigns to orient and train the supported employee.
- Provide direct training and supervision to the supported employee when the employer is not able to assist.
- Provide an account of the employee’s performance using data sheets and daily logs.
- Ensure that work-related issues and needs are known to the family or residential service provider of the employee.

**Job Facilitation Plan Requirements**

It is required that the job facilitation plan be re-evaluated and submitted for approval on a regular basis. The initial plan is designed to provide the basis for estimating the support needs of the employer and employee in the subsequent months of employment. The employer will determine when the assistance of the service provider is no longer needed.

**First Month:** The service provider will be paid at the rate specified in the agreement. In individual circumstances, employers or service providers may request additional hours of support for the initial month. This intensive coverage should provide the employer with ample support in orienting and training the employee during this period. It is important to
remember that the intensive coverage is not intended to simply provide full time job training by the service provider for the employee.

**Subsequent Months:** The service provider and employer will design a job facilitation plan for the coming month(s). Based on the previous month's experiences, the employer should:

- Estimate the percentage of independent performance (work not requiring direct assistance or supervision) for each week.
- Estimate the amount of supervision and assistance needed and how much of that support can be provided internally from the company.
- Estimate the amount of time which the service provider will be needed each month to provide feedback and support.

It is recommended that employers not be overly conservative in their estimation of support from the service provider. At the same time, we urge employers and service providers to be creative in considering new ways to decrease the reliance on outside, human service agencies. A long-term relationship which provides occasional support on critical issues is better than one which exhausts all the participant’s support funds in the first few months. A plan form and sample plan is provided for assistance in developing the job facilitation plan.
## Recommended Fees

<table>
<thead>
<tr>
<th>Provider Services</th>
<th>Recommended Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Profile</td>
<td>$750.00-950.00</td>
</tr>
<tr>
<td>Profile Meeting</td>
<td>In Kind</td>
</tr>
<tr>
<td>Job Development</td>
<td>$1000.00-1200.00</td>
</tr>
<tr>
<td>Job Analysis</td>
<td>$250.00</td>
</tr>
<tr>
<td>Job Site Facilitation (coaching)</td>
<td>$45-$70 Per hour</td>
</tr>
</tbody>
</table>

*Actual costs will depend on provider rates for your specific area.*
The following forms are used to gather and report information required by the customized employment approach. They are especially useful for providers (vendors) to document the tasks required by the funding agency.

This manual is available to download in Word and PDF formats at the Alaska Division of Vocational Rehabilitation’s Customized Employment website: www.labor.state.ak.us/dvr/ce.
Service Provider Agreement

Participant ___________________________  Site ___________________________
Service Provider ___________________________ Date ___________________________

This is an AGREEMENT between _________________________________ (agency) on behalf of _________________________________ (customer), and _____________________________________ (service provider), to assist the customer in obtaining employment of his/her choice by providing the following services:

___Personal Profile $ ____________________
___Profile Meeting $ ____________________
___Job Development $ ____________________
___Job Site Analysis $ ____________________
___Job Site Facilitation $ ____________________
___Transportation $ ____________________
___Therapy $ ____________________
___Rehabilitation Technology $ ____________________
___Equipment $ ____________________
___Other (describe) ____________________

Fees to be Established by Providers

$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________
$ ____________________

Date of Initial Services ___________
The customer and service provider have agreed on the following schedule for completion of services: _________________________________.

The provider agrees to follow the processes outlined in the customized employment training curriculum to deliver the employment choices of the customer. A copy of the curriculum and/or training DVD’s are available from your local job center or DVR office.

If at any time these processes become a barrier to the outcomes identified by the participant, he/she should notify his/her case manager/counselor.

Providers must receive final approval from the funding source before any services are rendered.

Participant ___________________________  Service Provider ___________________________  Date ___________________________

Name of Agency ___________________________ Date ___________________________ Case Manager/Counselor ___________________________ Date ___________________________
Basis for Selecting Service Providers

This form is to insure that the Customized Employment participant did indeed have input in the selection of the service provider identified in the attached agreement. It is also important to identify providers who were considered and the reasons they were not selected.

Check the service(s) to be provided by this agreement:

\textit{Core Services}

- Personal Profile
- Profile Meeting
- Job Development
- Job Analysis
- Job Facilitation

I feel that I made an informed choice to select the provider identified in the attached agreement:

- Yes, definitely
- Yes, somewhat
- No, somewhat
- No, not at all

If anything other than “yes, definitely” is checked please list reasons:

What influenced your decision to select this provider? (check all that apply and add other reasons as appropriate)

- Reputation in Community
- Personal Knowledge/Experience
- Response Time
- Cost of Service
- Recommendation by Others
- Close to where you live
- Experience providing job development services

List Additional Reasons:

How did you meet with this provider:

- In-Person Interview at Provider’s Agency
- In-Person Interview at your Home
- Telephone Interview
- Group Interview at Project Office
- Other (please describe)

Did you interview/consider other providers? Yes No

If yes, how many?
Why didn’t you choose the other providers: (check all that apply and add reasons of your own)

___ Reputation in Community
___ Poor Response Time
___ Attitude of Staff
___ Cost of Service
___ Lack of Employment Experience

List Additional Reasons:

Participant ______________________ Date __________________

Staff ______________________ Date __________________
Evaluation of Services

This form is to be completed by the customer at the completion of each service.

Participant ____________________________ Site ____________________________
Service Provider _________________________ Date __________________________

Please give an overall rating of the services received from this provider according to the scale below:
_____ 4. Better than anticipated

Please list reasons for unsatisfactory service - You may reference the numbered items below to simplify this rating.

Please rate the service provider on the following qualities using the above scale:

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. The Provider was respectful and positive in interactions.</td>
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<td>2. Services were delivered in a timely manner.</td>
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<td>3. Follow-up details were seen through to completion.</td>
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<td>4. Promises were kept regarding services.</td>
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<td>5. I received the outcome that I expected.</td>
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<td>6. I had an opportunity to make choices throughout the relationship.</td>
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<td>7. The Provider kept me informed during the completion of this activity.</td>
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<td>8. I participated in accomplishing the activity to my satisfaction.</td>
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</tbody>
</table>

Did the provider follow the process identified in the plan?  _____ yes  _____ no
If no, please describe how the process was different.

Did the provider obtain the outcome identified in the plan?  _____ yes  _____ no
If no, describe how the outcome was different.

CE Participant ____________________________ Case Manager/Counselor ____________________________
# Monthly Service Time Log

Participant ____________________________  Case Manager/Counselor ______________________

Provider/Vendor _________________________  Site ______________________________________

Month of _____________, 19____

Page _____ of _____

This form completed and submitted by:  □ Provider/Vendor Agency

<table>
<thead>
<tr>
<th>Date</th>
<th>Personal Profile (Hours/Minutes)</th>
<th>Profile Meeting (Hours/Minutes)</th>
<th>Job Development (Hours/Minutes)</th>
<th>Job Analysis (Hours/Minutes)</th>
<th>Job Site Facilitation (Hours/Minutes)</th>
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**Payment Documentation**

**Customized Employment Providers**

**Personal Profile/Service Team Planning Meeting**
- Personal Profile and Planning Meeting Forms
- Monthly Service Time Log
- Evaluation of Services
- Agreement (*must be signed prior to services beginning*)

**Job Development/Job Carving**
- Job Development Form
- Job Development Contact Sheet
- Work Site Quality Features Checklist
- Characteristics of an Ideal Job Checklist
- Monthly Service Time Log
- Evaluation of Services
- Agreement (*must be signed prior to services beginning*)

**Job Site Analysis**
- Job Site Analysis Form (*must be completed prior to customer working*)
- Monthly Service Time Log
- Evaluation of Services

**Job Site Facilitation**
- Job Facilitation Plan (*monthly and daily*)
- Monthly Service Time Log
- Evaluation of Services
Personal Profile & Service Team Planning Meeting
Personal Profile

Section I: This is factual information that connects the individual to his/her family and community. Collect this basic background information from source documents and by asking questions during the initial home visit/first visit.

1. Identification information
   
   a. Name
   b. Date of birth
   c. Social Security number
   d. Address
   e. Phone
   f. Marital status  ___ Single  ___ Married
   g. Current occupation and life status
   h. Social security status (benefits received)

2. Residential information
   This provides information about independence and needed support. Family information is important because members themselves or connections they provide could lead to work.
   a. Current living situation

   b. Family/Extended family

   c. Names, ages relationships & employment of persons living in the same home/residence

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation</th>
<th>Employment</th>
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<tbody>
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</table>

Date of Profile __________
Compiled by _____________
d. Family support available

Section II: This section continues to be factual information and should not include your opinion. Information should be gathered by asking questions and observing the individual during activities. This section allows you to get information about the specific skills and contributions the individual may be demonstrating and the type of support that is necessary. Questions or prompts such as “tell me how this happens” or “walk me through the day” will help gather this information. These are crucial questions as they provide a wealth of information. They also might lead to other activities you will want to observe. Be especially detailed and specific with this information.

1. Routines
   a. Description of typical routines/daily activities
      
      | Time | Activity |
      |------|----------|
      | 7:00 |          |
      | 8:00 |          |
      | 9:00 |          |
      | 10:00|          |
      | 11:00|          |
      | Noon |          |
      | 1:00 |          |
      | 2:00 |          |
      | 3:00 |          |
      | 4:00 |          |
      | 5:00 |          |
      | 6:00 |          |
      | 7:00 |          |
      | 8:00 |          |
      | 9:00 |          |
      | 10:00|          |

   b. Weekend activities

   c. Friends and social group(s) activities
Section III: This section asks for information about the individual’s neighborhood and continues to be factual information. It will provide you with information about safety issues, transportation, local businesses frequented by the individual and any connections there might be in the neighborhood. Gather this information by driving around, asking questions and observing.

1. **Neighborhood information**
   a. Description of the neighborhood
   
b. Location of neighborhood in the community
   
c. Services near home
   
d. Transportation availability
   
e. Availability of employment opportunities near home (*specific business name*)

Section IV: This continues to be factual information and should not include summary statements. Most of the information gathered here is historical and is the individual’s description of their performance and activities. Statements should be descriptive and include an explanation of what the person has done or is doing; indications of their interest or skills related to the activity; detailed information about how they perform an activity; and a detailed description of what supports are needed.

1. **General performance**
   a. Educational history/performance
   
   b. Vocational programming/performance
c. Community functioning/performance

d. Recreation leisure/performance

e. Domestic skills & formal chores at home

f. Volunteer work

Section V: This section is based on your experiences and observations with the individual in the community and at home as you go through the profile process. This includes your opinion and description of the individual’s abilities and contributions, functioning and necessary supports. Be especially detailed and specific giving examples to describe situations and experiences.

1. Current levels of performance
   a. Domestic skills

   b. Community skills

   c. Academic skills

   d. Motor/Mobility skills

   e. Sensory/communication skills

   f. Social interaction skills
g. Physical health related skills and information

h. Vocational skills

Section VI: This is a summary section and should be completed only after completing Sections 1-V. Summary statements should be validated by descriptions of the performance within the previous sections. These summary statements will include your opinion.

1. Learning and performance characteristics
   a. Preferred environmental conditions

   b. Instructional strategies that seem to work best

   c. Degree of supports required for community/work activities

   d. Environment/strategies to be avoided

2. Preferences
   a. General type of tasks the individual wants to do

   b. General type of tasks the family wished could be obtained

3. Connections
   a. Potential connections within the family/friends
b. Potential connections/sites in the neighborhood

c. Business connections from other sources

4. Flexibility or accommodations
   a. Potential need for accessibility

   b. Habits, routines, idiosyncrasies

   c. Health restrictions

   d. Behavioral challenges

   e. Degree and type of negotiation likely to be required

Section VII: Based on your observations and experiences complete the following section with the individual. These will be used during the customized planning meeting

1. Individual’s conditions for employment – What must be in place for a successful match?
2. Individual’s preferences for employment – tasks, conditions and situations the individual prefers.

3. Individual’s contributions for employment – What the individual will contribute to a work site and why an employer should hire the individual?

4. During discovery, it is highly recommended that some financial analysis be done. A “Benefits Analysis” would be ideal to inform the participant and the service delivery team of the financial parameters that exist under various employment options.
Service Team Planning Meeting Form

Participant ________________________________    Date _____________

Meeting Participants

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<thead>
<tr>
<th>Name</th>
<th>Relationship to Individual</th>
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</table>

Individual’s non-negotiable conditions for employment

Individual’s preferred environment

Individual’s contributions (*be specific – these are the “selling” points to be listed on as “contributions” below*)

Individual’s preferred tasks (List as “tasks” for next page as appropriate)
<table>
<thead>
<tr>
<th>Tasks and/or contributions from above</th>
<th>Name of Employer</th>
<th>Employer Tasks</th>
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</thead>
<tbody>
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<tr>
<td>Potential Employer</td>
<td>Potential Task</td>
<td>Contact Person</td>
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Job Development Forms
Job Development Service Agreement

Participant________________________________ Provider______________________________________ Date___________

This is an agreement for Job Development Services between __________________________ (agency) on behalf of the Customized Employment participant listed above and _________________________ (CE provider) who will develop a job of the participants choice. The cost to be paid for this service will be determined by the service delivery team.

Provider agrees to accept $__________ payment for this service.

Initial services will begin on _________________ (enter date).

__________________________________________________________________________________________       _________
Participant                                                                                                                                          Date

__________________________________________________________________________________________       _________
Service Provider                                                                                                                                Date

__________________________________________________________________________________________       _________
Case Manager/Counselor                                                                                                                Date
Characteristics of an Ideal Job Checklist

Participant __________________________________________________________ Date ___________

Job Developer __________________________________________________________________________

Employer ________________________________________________________________________________

Date Job Begins __________________________________________________________________________

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<thead>
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<th>Conditions</th>
<th>Available</th>
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</table>
Identifying Job Tasks

Employer #1 __________________ Phone # _______________ Date __________

Address ___________________________ Contact ___________________

Title ______________________ Type of Company _______________________

Job Title Observed _________________________________________________

Essential Functions
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Job Related Routines
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Cultural Aspects
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Physical Demands
_____Lifting  _____Standing  _____Continuous Movement
_____Walking  _____Climbing  _____Rapid Movement
_____Stooping  _____Crawling  _____Heavy moving

Sensory/Communication Demands
_____Vision  _____Hearing  _____Speaking  _____Judgment

Academic/Technological Demands
_____Reading  _____Writing  _____Math  ________ Computing

General Strength Requirements________________________________________
Pace of Work

Potential Dangers

Critical Components

Special Clothing

Equipment to be Operated

Materials to be Handled

Employer #2 __________________________ Phone # _______________ Date ______

Address ____________________________________ Contact ____________________

Title ________________________________ Type of Company ______ _____________

Job Title Observed ________________________________

Essential Functions

_________________________     _________________________     ________________________

_________________________     _________________________     ________________________

_________________________     _________________________     ________________________

Job Related Routines

_________________________________     __________________________

_________________________________     __________________________

_________________________________     __________________________

Cultural Aspects

________________________________     __________________________

________________________________     __________________________

________________________________     __________________________

Physical Demands

___Lifting      ___Standing      ___Continuous Movement

___Walking     ___Climbing      ___Rapid Movement

___Stooping    ___Crawling     ___Heavy moving
Sensory/Communication Demands

_____ Vision  _____ Hearing  _____ Speaking  _____ Judgment

Academic/Technological Demands

_____ Reading  _____ Writing  _____ Math  _____ Computing

General Strength Requirements _______________________________________________________

Pace of Work ________________________________________________________________

Potential Dangers _____________________________________________________________

Critical Components ___________________________________________________________

Special Clothing ______________________________________________________________

Equipment to be Operated _______________________________________________________

Materials to be Handled _________________________________________________________

Pace of Work

_____________________________________________________________________________

_____________________________________________________________________________

Potentially Dangerous Components of the Job

_____________________________________________________________________________

_____________________________________________________________________________

Critically Important Components of the Job

_____________________________________________________________________________

_____________________________________________________________________________

Special Clothing Required

_____________________________________________________________________________

_____________________________________________________________________________

Equipment to be Operated

_____________________________________________________________________________
Job Development Form

Employer __________________________ Phone # ____________________________
Address ______________________________________________________________________________
Contact ____________________________ Title _______________________________________________
Type of Company ____________________________________________________________

Major Job Titles:
(or job types)
____________________________________________________________________________________

1st Job Title Observed
____________________________________________________________________________________

Core Routines
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Episodic Routines
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Job Related Routines
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Cultural Aspects
____________________________________________________________________________________
____________________________________________________________________________________
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<tr>
<th>Physical Demands</th>
<th>Sensory / Communication Demands</th>
<th>Academic Demands</th>
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<tbody>
<tr>
<td>_____ Lifting</td>
<td>_____ Hearing</td>
<td>_____ Reading</td>
</tr>
<tr>
<td>_____ Standing</td>
<td>_____ Speaking</td>
<td>_____ Writing</td>
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<tr>
<td>_____ Continuous Movement</td>
<td>_____ Judgment</td>
<td>_____ Math</td>
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<tr>
<td>_____ Rapid Movement</td>
<td>_____ Vision</td>
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<td>_____ Walking</td>
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<td>_____ Climbing</td>
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<td>_____ Stooping</td>
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<tr>
<td>_____ Crawling</td>
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</tbody>
</table>
General Strength / Endurance Requirements


Pace of Work


Potentially Dangerous Components of the Job


Critically Important Components of the Job


Special Clothing Required


Equipment to be Operated


Materials to beHandled


### Core Routines

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<th>Episodic Routines</th>
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### Job Related Routines

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<tr>
<th>Cultural Aspects</th>
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### Physical Demands

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<th>Standing</th>
<th>Continuous Movement</th>
<th>Rapid Movement</th>
<th>Walking</th>
<th>Climbing</th>
<th>Stooling</th>
<th>Crawling</th>
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### Sensory / Communication Demands

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<th>Hearing</th>
<th>Speaking</th>
<th>Judgment</th>
<th>Vision</th>
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### Academic Demands

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<tr>
<th>Reading</th>
<th>Writing</th>
<th>Math</th>
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### General Strength / Endurance Requirements

### Pace of Work

### Potentially Dangerous Components of the Job
Critically Important Components of the Job

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Special Clothing Required

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Equipment to be Operated

_________________________________________________________________________________________________________________
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Materials to be Handled

_________________________________________________________________________________________________________________
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3rd Job Title Observed

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<th>Core Routines</th>
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<td>Crawling</td>
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General Strength / Endurance Requirements

Pace of Work

Potentially Dangerous Components of the Job
Critically Important Components of the Job

Special Clothing Required

Equipment to be Operated

Materials to be Handled
# Job Development Contact Sheet

<table>
<thead>
<tr>
<th>Participant:</th>
<th>Job Developer:</th>
<th>Site:</th>
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<tbody>
<tr>
<td><strong>Name of Business</strong></td>
<td><strong>Type of Business</strong></td>
<td><strong>Date of First Contact</strong></td>
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# Worksite Quality Features Checklist

Participant ________________________________  Rated By ________________________

Employment Site __________________________  Date ______________

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<th>Above Average</th>
<th>Acceptable</th>
<th>Not Acceptable</th>
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<tbody>
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<tr>
<td>A. Co-Workers</td>
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<tr>
<td>B. Supervisors</td>
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<td>C. Customers</td>
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<td>D. Public</td>
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<td>2. Wages (select one, most representative)</td>
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<td>C. Legal, Sub-minimum</td>
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<td>A. Worker's Compensation</td>
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<td>B. Medical Insurance</td>
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<td>C. Vacation, Sick Days, Holidays</td>
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<td>D. Employee Support Programs</td>
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<td>4. Working Conditions</td>
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<td>A. Safe</td>
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<td>B. Friendly</td>
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<td>C. Accessible</td>
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<td>D. Comfortable</td>
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<td>5 Terms of Employment</td>
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<td>A. Year Round</td>
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<td>B. Stable</td>
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<td>C. Growth Industry</td>
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<td>6. Enhancing Features</td>
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<td>A. Possibility for Raises</td>
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<td>B. Upward Mobility</td>
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<td>C. Status Enhancing</td>
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<tr>
<td>D. Increasing Responsibilities</td>
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<tr>
<td>E. Marketable Skills Gained</td>
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</tbody>
</table>
Job Analysis
Forms
Job Analysis Form

Participant ________________________________  Provider _________________________

Company _________________________________  Company Phone #______________

Address _________________________________  Contact _________________________

Date Completed __________________________  Site _____________________________

Job Title _________________________________  Phone # _________________________

Core Work Routines
(identified by employer)
__________________________________________  __________________________________
__________________________________________  __________________________________
__________________________________________  __________________________________
__________________________________________  __________________________________

Episodic Work Routines
(identified by employer)
__________________________________________  __________________________________
__________________________________________  __________________________________
__________________________________________  __________________________________

Job Related Routines
(identified during Job Analysis)
__________________________________________  __________________________________
__________________________________________  __________________________________
__________________________________________  __________________________________

Important Cultural Aspects
(and possible accommodations based on info in Profile)
__________________________________________

Job Summary

Job Trainer ________________________________
The Way in Which Job Tasks are Typically Performed

Method
The job facilitator should observe the manner in which each job is performed by typical employees in the setting. This is accomplished by assuming an unobtrusive observation position and carefully watching the employee(s) perform their duties. The facilitator should strive to make a “mental video tape” to be used later as a standard of correct performance and as a way to assist the supported employee to perform in a natural manner.

<table>
<thead>
<tr>
<th>Job Observed</th>
<th>Employee Observed</th>
<th>Date &amp; Time</th>
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<tbody>
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</table>

Content
The job facilitator should ask if the employer has step-by-step procedures for the job tasks observed above. If so, these procedures should serve as the initial content task analysis for each task. If not, the facilitator should write content steps which would be appropriate for an average employee in the work site. These content steps should be presented to an appropriate decision-maker in the company for approval and refinement. Attach step-by-step procedures to this form.

I. Specific Requirements Identified by Employer
(check only critical items; Fully describe the extent of the demand and outline possible adaptations/accommodations if felt to be problematic for targeted employee).

<table>
<thead>
<tr>
<th>Physical Demands</th>
<th>Sensory / Communication Demands</th>
<th>Academic Demands</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Lifting</td>
<td>____ Vision</td>
<td>____ Reading</td>
</tr>
<tr>
<td>____ Standing</td>
<td>____ Hearing</td>
<td>____ Writing</td>
</tr>
<tr>
<td>____ Continuous Movement</td>
<td>____ Speaking</td>
<td>____ Math</td>
</tr>
<tr>
<td>____ Rapid Movement</td>
<td>____ Judgment</td>
<td></td>
</tr>
<tr>
<td>____ Walking</td>
<td></td>
<td></td>
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<tr>
<td>____ Climbing</td>
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<tr>
<td>____ Stooping</td>
<td></td>
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<tr>
<td>____ Crawling</td>
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</tbody>
</table>
General Strength Requirements

Pace of Work

Potentially Dangerous Components of Job

Critically Important Components of Job

Established Learning Curve or Probationary Period for Job

II. Work Site Considerations
Special clothing, uniforms, safety equipment required

Tools to be Used

Equipment to be Operated
Materials to be Handled

Special Terms Used at Work Site

Description of Environmental Conditions of Work Site

III. The Means Used by the Employer to Train and Support New Employees

A. Description of the company’s orientation procedures

Ask to review any written documents which describe typical orientation procedures. Discuss with a supervisor or decision-maker the flow of typical procedures. Ask employees about their experiences. If possible, and if it is felt to be necessary, ask to be taken through an orientation.

B. Description of the company’s procedures for initially training and supporting new employees

Follow the suggestions in A, above. Additionally, ask for training from the employer on at least one of the tasks to be performed by the supported employer. Use this training as an opportunity to assess the capacity and flexibility of the employer in reference to the needs of the supported employee.

C. Description of specific strategies used by the employer

1. Who typically provides new employees with training?

2. Availability of company trainer assigned to employee:
3. Availability of co-workers / supervisors as trainers:

4. Description of Strategies Used by Employer

5. Important Rules Stressed by Employer & Co-workers

6. Unwritten Rules Unique to the Setting

7. Potential for Use of Adaptations, Modifications in Work Site

8. Willingness of Co-workers / Supervisors to Provide Support and Assistance

D. The “Culture” of the Work Site

1. Employer’s Concern for Quality

2. Employer’s Concern / Need for Productivity

3. Flexibility / Rigidity Observed

IV. Personnel: Managers, Supervisors, and Co-Workers

A. Supervisors of Employee

Name _____________________________   Title _____________________________

Name _____________________________   Title _____________________________

Name _____________________________   Title _____________________________
B. Co-Workers of Employee

Name _____________________________ Position___________________
Name _____________________________ Position ______________________
Name _____________________________ Position ______________________
Name _____________________________ Position ______________________
Name _____________________________ Position ______________________

C. Employee Social Groups and Non-Work Activities

Leaders and Potential Allies Among Co-workers and Supervisors

V. Job Description

Schedule
# of days of work per week ______

Days _________________________ Hrs. ___ - ___
___________________________ Hrs. ___ - ___
___________________________ Hrs. ___ - ___
___________________________ Hrs. ___ - ___
___________________________ Hrs. ____ - ____

Sequential Chronology of Typical Work Day (include all job tasks)
Type of Job Task (*core, episodic, job related*)

Name of Job Task _________________________________________________________________

How Often Performed _____________________________________________________________

Content Steps / Skills

Strategy for Facilitation
(Including instructional and natural cues and adaptations)
Job Site Facilitation Forms
Job Facilitation Plan

Participant __________________________ Site __________________________

Employer __________________________ Date __________________________

Employer Contract _____________________ For Month of _____________

Service Provider _______________________ Job Facilitator ________________

This form is designed to describe the support plan for the initial employment of Customized Employment customers. This plan is designed to be directed by the employer of the customer, in cooperation with the selected service provider. Employers should understand that the service funded under this plan, on behalf of the customer, should represent accommodations which go beyond that typically offered to employees who need additional supports in order to perform their jobs. Every effort should be made to use the existing training and orientation features of the workplace as the primary means of support and to use project funds as a back-up.

The service provider agrees to fill out and submit the plan and to supplement, rather than substitute for the employer’s training and orientation procedures. Both parties are encouraged to be creative in maximizing the funds available for support.

This plan should be revised monthly, based on the changing support needs of the employee. If either party has questions concerning the development of the Job Facilitation Plan, please contact your local Vocational Rehabilitation office.

Based on the Job Analysis developed for this customer and approved by the Employer:

<table>
<thead>
<tr>
<th>Week 1 Date:</th>
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<tbody>
<tr>
<td>Hours worked by Customer:</td>
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<tr>
<td>Hours of support by Employer:</td>
</tr>
<tr>
<td>Hours to be supported by Service Provider:</td>
</tr>
<tr>
<td>Hours of other paid supports:</td>
</tr>
</tbody>
</table>

(Attach detailed plan which describes supports in relation to customer’s daily schedule)
### Week 2 Date:

<table>
<thead>
<tr>
<th>Hours worked by Customer:</th>
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<tbody>
<tr>
<td>Hours of support by Employer:</td>
<td></td>
</tr>
<tr>
<td>Hours to be supported by Service Provider:</td>
<td>Hourly Rate:</td>
</tr>
<tr>
<td>Hours of other paid supports:</td>
<td>Hourly Rate:</td>
</tr>
</tbody>
</table>

(Attach detailed plan which describes supports in relation to customer's daily schedule)

### Week 3 Date:

<table>
<thead>
<tr>
<th>Hours worked by Customer:</th>
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<tbody>
<tr>
<td>Hours of support by Employer:</td>
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<tr>
<td>Hours to be supported by Service Provider:</td>
<td>Hourly Rate:</td>
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<tr>
<td>Hours of other paid supports:</td>
<td>Hourly Rate:</td>
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</tbody>
</table>

(Attach detailed plan which describes supports in relation to customer's daily schedule)

### Week 4 Date:

<table>
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<tr>
<th>Hours worked by Customer:</th>
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<tbody>
<tr>
<td>Hours of support by Employer:</td>
<td></td>
</tr>
<tr>
<td>Hours to be supported by Service Provider:</td>
<td>Hourly Rate:</td>
</tr>
<tr>
<td>Hours of other paid supports:</td>
<td>Hourly Rate:</td>
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</table>

(Attach detailed plan which describes supports in relation to customer's daily schedule)

Estimate the total monthly cost for supports _________________________________

Provide a brief description of the support plan:

**Approval of plan: (Please sign & date)**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Participant</th>
<th>Date</th>
</tr>
</thead>
</table>
# Job Facilitation Plan

Participant ________________________________  Site _____________________

Employer ________________________________  Dates ________________

Job to be Supported ________________________

- [ ] Initial Month of Work
- [ ] Not Initial Month

*(Use .25, .50, .75, and 1.0 hourly time units)*

<table>
<thead>
<tr>
<th>Daily Work Schedule <em>(Describe work activities separately)</em></th>
<th>Time <em>(actual time)</em></th>
<th>Employer Hours <em>(no cost)</em></th>
<th>Service Provider Hours</th>
<th>Other Paid</th>
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