



# CASE REVIEW-SUPPORTED EMPLOYMENT CONTRACTS

01-2013

Consumer name: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Specialist: \_\_\_\_\_ SE Provider: \_\_\_\_\_

Previous consumer:  Yes  No

Reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ELIGIBILITY

Primary Disability: \_\_\_\_\_

Priority 1:  Yes  No

Evidence supports decision:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

## PLANNING PROCESS IPE

Supported employment plan:  Yes  No

Reasons for supported employment (list): \_\_\_\_\_  
\_\_\_\_\_

Date of plan: \_\_\_\_\_

Goal:  P/T  F/T

Date of referral to provider: \_\_\_\_\_

## SUPPORTED EMPLOYMENT SERVICES

Documentation of services provided by provider in file:  Yes  No

Documentation of consumer progress:  Yes  No

Documentation of monthly staffing:  Yes  No

Documentation of face to face w/client/provider every 90 days:  Yes  No

Documentation of special circumstances:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

## START JOB

Job information: \_\_\_\_\_

Reason for job goal change: \_\_\_\_\_

Amendment signed:  Yes  No Date: \_\_\_\_\_

## STABILIZATION

Frequency of contact w/ employer # \_\_\_\_\_

Frequency of contact w/consumer # \_\_\_\_\_

Date of stabilization: \_\_\_\_\_

Documented evidence of contact w/employer & consumer by provider  Yes  No

## FOLLOW-UP

Frequency of contact: \_\_\_\_\_

Identified problems addressed & documented: \_\_\_\_\_

## SUCCESSFUL OUTCOME

Employer agreement: \_\_\_\_\_

Date of last contact by provider: \_\_\_\_\_

Client agreement (VR contact):  Yes  No

Documentation of contact:  Yes  No

Mutual agreement for outcome:  Yes  No

## UNSUCCESSFUL CLOSURE DATA

Reason: \_\_\_\_\_

Consumer, provider, VR in agreement:  Yes  No

## ADDITIONAL VR SERVICES

Expenditure amount \$ \_\_\_\_\_

OJE: \_\_\_\_\_

OJT: \_\_\_\_\_

Skill training: \_\_\_\_\_

Transportation: \_\_\_\_\_

Clothes: \_\_\_\_\_

Other expenditures: \_\_\_\_\_

Benefits orientation: \_\_\_\_\_

Referral to Easter Seals for Benefits Analysis:  Yes  No