

# SE Placement Milestone Forms List

## Required Case Documentation for Payment of [SE PL Milestone](#):

- ® **ESS-C-117** *Travel Log and Invoice* (when travel is authorized, see D. Milestone Rates)
- ® **ESS-C-133** *DRS Counselor Monthly Update Form(s)* (required only when SE PL Milestone lasts more than one (1) month, email the form each month to DRS Counselor, submit separately from milestone documentation)
- ® **ESS-C-157** *Pre-Placement Information Form* (submit prior to or on the start date of the initial job only, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-161** *Job Analysis* (completed before first (1st) day of work) (for initial placement)
- ® **ESS-C-166** *Placement Report* (counts as DRS Monthly Update or final monthly update if SE PL milestone extends beyond one month)
- ® **ESS-C-185** *Job Accommodation Form* (for initial placement)
- ® **ESS-C-213n** O\*NET median hourly wage documentation for the region or city where the job is located (Prior to or on start date, required ONLY when hired by the Contractor; email documentation to the DRS Counselor and Cc ESS TA)
- ® **ESS-C-398** *SE Authorization Request & Milestone Billing Form*

## Required if termination and/or replacement occurs:

- ® **ESS-C-181** *Termination/Re-Placement Report* (upon Contractor notice of termination, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-181** *Termination/Re-Placement Report* (prior to or on start date of re-placement, update the above form with new job information, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-161** *Job Analysis* (completed prior to the first (1<sup>st</sup>) day of work) (for re-placement)
- ® **ESS-C-185** *Job Accommodation Form* (for re-placement)

Legend: ® = [Required](#)      ® = required, if applicable

# Pre-Placement Information Form

Individual's Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Vocational Goal from IPE: \_\_\_\_\_

Employer (Business Name): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Employer Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
First & Last Name Include Area Code

Individual's Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_

Current Contract:  **CE**  **SE**  **ER**  **JP**  **JOBS**  **SES**

Weekly Work Goal on IPE: \_\_\_\_\_

Benefits Available:  Health Insurance  Sick Leave  Vacation  Retirement/401K

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

## Brief Description of Job Duties/Tasks:

**Client Needs:** (e.g. clothing, transportation, accommodations, such as supports, interpreter, task lists, etc.)

**Confirmation the job has been accepted:**  YES  NO

DRS Counselor: \_\_\_\_\_ ESS TA: \_\_\_\_\_

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS: Email to DRS Counselor, ESS TA and save in Files.**

# Job Accommodation Form

Individual's Name: \_\_\_\_\_

Employer (Business name): \_\_\_\_\_

**List all Accommodation(s) and Result(s). Explain whether the Accommodation(s) worked or if changes were required.**

*The Job Accommodation Network (JAN) provides free, confidential technical assistance about job accommodations. Visit them online at <https://askjan.org/links/about.htm>. Or visit the Americans with Disabilities Act website at <https://www.ada.gov/> for further guidance.*

Accommodation 1 / Implementation Results:

Accommodation 2 / Implementation Results:

Accommodation 3 / Implementation Results:

Accommodation 4 / Implementation Results:

EC Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Placement Report

Individual's Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_ Contract: \_\_\_\_\_

Employer (Business name): \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Employer Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*First and Last Name Include area code*

Individual's Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_  
*Rate, Type (hourly, weekly, monthly, annual or estimated commission)*

## Work Schedule:

Sample	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00a – 10:00a							
4:00p – 8:00p							

Dates of first five (5) days of employment: \_\_\_\_\_

Benefits available:  Full/partial health insurance  Sick leave  Vacation  Retirement

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

## Description of individual's job duties:

Summarize individual's response to job duties, environment, work schedule etc. and EC's observations:

## Placement Report

Select "YES", "NO", or "N/A" in response to each statement below:

Yes    No      The **ESS-C-157**—*Pre-Placement Information Form* was emailed to the DRS Counselor and ESS TA **prior** to or on the start date.

Yes    No    N/A      The **ESS-C-185**—*Job Accommodation Form* was completed.

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Supported Employment (SE) Authorization Request & Billing Form

Contractor Name: \_\_\_\_\_

Employment Consultant: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

## Authorization Request Section

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization. **Note: PL** begins day after authorization or previous milestone. **R4** starts the same day as the start date of employment.

<b>Milestone</b>	<b>Regular Rate:</b>	<b>Highly Challenged Rate:</b>
Assessment (AS) Milestone	<b>M1-SE-REG or HC</b> \$625	\$625
Vocational Preparation (VP) Milestone (Opt)	<b>M2-SE-REG or HC</b> \$ 625	\$625
Placement (PL) Milestone (See <b>Note:</b> above)	<b>M3-SE-REG or HC</b> \$1,688	\$3,125
4 Weeks Job Retention (R4) Milestone ( <b>Note:</b> above)	<b>M4-SE-REG or HC</b> \$2,250	\$1,875
8 Weeks Job Retention (R8) Milestone	<b>M5-SE-REG or HC</b> \$1,688	\$1,875
Stabilization (ST) Milestone	<b>M6-SE-REG or HC</b> \$2,125	\$2,125
Successful Employment (EM) Milestone	<b>M7-SE-REG or HC</b> \$2,875	\$4,125

**FOR DRS USE ONLY** Authorization Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## Milestone Billing Section (billing limit 1 milestone at a time)

Milestone Begin Date: \_\_\_\_\_

Milestone End Date: \_\_\_\_\_

Employment Begin Date: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Authorization Date: \_\_\_\_\_

<b>Milestone</b>	<b>Regular Rate:</b>	<b>Highly Challenged Rate:</b>
Assessment (AS) Milestone	<b>M1-SE-REG or HC</b> \$625	\$625
Vocational Preparation (VP) Milestone (Opt)	<b>M2-SE-REG or HC</b> \$ 625	\$625
Placement (PL) Milestone (See <b>Note:</b> in section below)	<b>M3-SE-REG or HC</b> \$1,688	\$3,125
4 Weeks Job Retention (R4) Milestone ( <b>Note:</b> below)	<b>M4-SE-REG or HC</b> \$2,250	\$1,875
8 Weeks Job Retention (R8) Milestone	<b>M5-SE-REG or HC</b> \$1,688	\$1,875
Stabilization (ST) Milestone	<b>M6-SE-REG or HC</b> \$2,125	\$2,125
Successful Employment (EM) Milestone	<b>M-7-SE-REG or HC</b> \$2,875	\$4,125

**Person submitting Form:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**FOR DRS USE ONLY** Paid Date: \_\_\_\_\_ by \_\_\_\_\_.