

SE R4 (Four Weeks Job Support) Milestone Forms List

Required Case Documentation for Payment of [SE R4 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-185** *Job Accommodation Form* (only if updated)
- ® **ESS-C-225** *Record of Hours Worked*
- ® **ESS-C-229** *Natural Supports Plan*
- ® **ESS-C-233** *Employment Verification Form* (signed by employer and employee)
OR
- ® **ESS-C-237n** *Current Pay stub/Earnings Statement*
- ® **ESS-C-338** *R4 Milestone Report* (counts as final DRS Monthly Update of SE R4 milestone)
- ® **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 (1st) day of work) (for re-placement)
 - ® **ESS-C-185** *Job Accommodation Form* (for re-placement)
 - ® **ESS-C-229** *Natural Supports Plan* (for re-placement)

Legend: ® = Required

® = required, if applicable

[SE R4 Forms List](#)

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Monthly Total Hours:							
Weekly & Milestone/Service Completion Comments:							

Submitted by: _____

Date Submitted: _____

Natural Supports Plan

Complete after 2-3 weeks of job site training, but before the end of the R4 milestone. Update form as needed when changes occur, and submit with respective milestone documentation for payment.

Employee: _____ Phone: _____

Co-worker providing ongoing support: _____ Job Title: _____
First and Last Name

Location of co-worker in relation to individual: _____

Other co-workers available for support: _____

Describe how the EC will support the co-worker and the new employee during the transition to on-going/natural supports by the coworker (i.e., weekly meetings after work, regular phone contact, etc.):

List the daily activities and work routines similar to those of co-workers:

List natural employment supports the employer or co-worker(s) will provide (i.e., restructuring duties, job duty checklist, etc.):

List strategies and timeframes for fading/reducing direct EC involvement in training and support:

Select “**Yes**” or “**No**” in response to each statement below:

- Yes No The individual has verbalized his/her approval for the EC to contact the employer about the individual’s job performance. (**Individual's Initials** _____)
- Yes No The individual has verbalized agreement with the Natural Supports Plan outlined above. (**Individual's Initials** _____)
- Yes No The individual’s employer has verbalized his/her agreement with the Natural Supports Plan outlined above. (**Employer's Initials** _____)

EC Name: _____ Date: _____

Natural Supports Plan Notes

What is Supported Employment

Supported Employment is a program that assists individuals with disabilities to obtain employment and assists employers to obtain qualified employees. The purpose is for the supported employee to become independent through natural supports in the work environment and work relationships. Natural Supports are job retention supports that occur on the job in the most normal/natural way, such as a mentor/co-worker(s) being assigned to assist the supported employee if they observe a problem. Natural supports include mentoring, supervision (ongoing feedback on job performance), training (learning a new job skill with a co-worker), and socializing with co-workers at breaks or after work.

Benefits to the Employer

The employer benefits by retaining a committed, dependable, qualified employee, assisted by a mentor/co-worker(s) that can identify problems early and seek or provide the necessary job retention supports. Consultation services will be provided to the employer by the employment consultant listed below, in all phases of the job, as long as the employee remains on the job. Services include assistance with training and supervising the supported employee. Follow-up services are provided to assist with any issues that need attention such as poor performance, change in supervisor or job duties.

Employer agrees to assign a mentor/co-worker(s) to provide job retention support. The mentor/co-worker will help the supported employee work through problems that may affect their job performance or job retention. The employer agrees to contact the employment consultant to assist with problem solving when issues cannot be easily resolved by the mentor/co-worker and supervisor, particularly when new job duties are assigned.

Responsibilities of the Contractor

Employment Contractor agrees to provide support to the mentor/co-worker(s), employer, and employee as needed. The employment contractor agrees on a regular set amount of time when contact will be made and how soon to respond to requests for consultation with employer.

The EC has verified with the employee, mentor/co-worker(s) and employer that they will implement the above Natural Supports as set forth on **ESS-C-229 Natural Support Plan**.

The EC provided the employee, mentor/co-worker(s) and employer with a copy of the **ESS-C-229 Natural Support Plan**.

Benefits to the Employee

The mentor/co-worker(s) and the employment consultant assist the supported employee in becoming a valued employee by facilitating support and social connections on and away from work.

Employment Verification Form

Individual's Name: _____

Employer (Business Name): _____

Employer Address: _____
Street Address
City
State
Zip Code

Employer Contact: _____ Phone Number: _____

Employee Job Title: _____ Start Date: _____

Current Hourly Wage: _____ Total Hours per Week: _____

Benefits Available:

Full/partial health insurance Sick leave Vacation Retirement/401K

Other: _____

YES NO The EC has verified the above information is correct and the individual is still working.

EC Confirming: _____ Date: _____

For employer use only. Check the boxes that apply.

	Satisfactory	Needs improvement	Unsatisfactory
Punctual arrival for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency in task performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (note any concerns, additional support provided, or changes in job duties):

YES NO The Employer and/or Employee has verified the above information is correct and the employee is still working.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

R4 (4-weeks Employment) Milestone Report

Individual's Name: _____

Address: _____
Street Address *City* *State* *Zip Code*

Home Phone Number: _____ Cell Phone Number: _____
Include Area Code *Include Area Code*

Contract: **R4** Supported Employment **R4** Employment & Retention

Employer: _____ Job Title: _____

(Complete using on-site observations, individual's reports, off-site contacts, employer contacts, team meeting discussion, etc.)

Please summarize the individual's current level of performance:

List strengths identified by the employer, EC or individual and relate how they are being reinforced:

List the areas identified by the employer as needing improvement. Describe steps taken to address the issue(s):

List training and supports provided to assist the individual with maintaining employment:

Comment on how the individual interacts with supervisors and co-workers:

Select "**YES**" "**NO**" or "**N/A**" in response to the items below:

Was the **ESS-C-185**—*Job Accommodation Form* updated and submitted to DRS Counselor?

Yes No N/A

For SE:

BE SURE TO INSERT THE CORRECT NUMBERS IN RED BELOW

During the four (4) weeks of this milestone weekly hours worked were _____, which is _____% of the Weekly Work Goal of _____ hours on the IPE. Exceeds 40% Yes No N/A

Highly Challenged: Yes No

Contractor: _____ EC Name: _____

Submitted by: _____ 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.

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

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

Person submitting Form: _____ **Date submitted:** _____

FOR DRS USE ONLY Paid Date: _____ by _____.