

SE ST (Job Stabilization) 12- or 16-weeks Milestone Forms List

Required Case Documentation for Payment of [SE ST 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 ST milestone lasts more than one (1) month, email the form each month to DRS Counselor, submit separately from milestone documentation)
- ® **ESS-C-173** *Team Meeting Report* (for Team Meeting required during SE ST milestone)
- ® **ESS-C-225** *Record of Hours Worked*
- ® **ESS-C-233** *Employment Verification Form* (signed by employer and employee) (**Not listed under required documentation in contract.**)
- ® **ESS-C-249** *Employee Satisfaction Survey*
- ® **ESS-C-253** *EST Extended Services Statement*
- ® **ESS-C-398** *SE Authorization Request & Milestone Billing Form*
- ® **ESS-C-430** *Stabilization Milestone Report* (report weeks nine through twelve (9-12) for Regular Support; report weeks nine through sixteen (9-16) for Highly Challenged) (counts as final DRS Monthly Update for SE ST milestone)

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 ST Forms List](#)

Record of Hours Worked (2) (SE ST-HC)

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 (2) (SE ST-HC)

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 (2) (SE ST-HC)

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 (2) (SE ST-HC)

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 Comments:							

Submitted by: _____

Date Submitted: _____

Record of Hours Worked (2) (SE ST-HC)

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. 5 Total Hours:							

Weekly Comments:

Record of Hours Worked (2) (SE ST-HC)

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. 6 Total Hours:							

Weekly Comments:

Record of Hours Worked (2) (SE ST-HC)

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. 7 Total Hours:							
Weekly Comments:							

Record of Hours Worked (2) (SE ST-HC)

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. 8 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____

Employee Satisfaction Survey

Individual's Name: _____ Date: _____

Address: _____
Street Address City State Zip Code

1. Do you enjoy your job?
 Agree Undecided Disagree
2. My work makes me feel good about myself.
 Agree Undecided Disagree
3. I have the supports necessary to do my job.
 Agree Undecided Disagree
4. I have the accommodations needed to do my job.
 Agree Undecided Disagree
5. My job makes good use of my skills and abilities.
 Agree Undecided Disagree
6. When a problem comes up at work, I know who to ask.
 Agree Undecided Disagree
7. In my job I have the opportunity for advancement.
 Agree Undecided Disagree
8. I understand my job duties.
 Agree Undecided Disagree
9. I feel appreciated on my job.
 Agree Undecided Disagree

Select **“YES”** or **“NO”** in response to the statements below:

- YES NO Do you have regular transportation problems? _____
- YES NO Do you have difficulty getting to work on time? _____
- YES NO Do you get along with your supervisor and co-workers? _____
- YES NO Do you get upset when your supervisor or co-workers give you instructions and/or corrections? _____
- YES NO Do you worry that you might lose your job? _____

Additional comments:

- YES NO The EC has verified that the responses on this form are the individual's.

EC Name: _____ Date: _____

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: _____

Extended Services Statement

Individual's Name: _____ Case Number: _____

Contractor: _____ DRS Counselor: _____

Employer: _____ Job Title: _____

Please check the box(s) below for the source(s) of extended services that the individual qualifies to receive:

- Department of Rehabilitation Services for Transition Youth up to age 25
- Developmental Disability Services of the Department of Human Services (DDS)
- Natural Supports
- Private Pay (Individual and/or family)
- Ticket-to-Work: _____
Ticket-to-Work Provider
- American Indian Vocational Rehabilitation: _____
Identified Tribal Program(s)
- Workman's Compensation
- Other (Please list source(s)): _____

Other comments:

EC Name: _____ Date: _____

Team Meeting Report

Individual's Name: _____

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

Home Phone: _____ Cell Phone: _____

Date of Meeting: _____ Contract Name: _____

DRS Counselor: _____ Contact Phone: _____

Meeting Format: _____

Team Members Present:

Summary of Meeting:

Next Steps to be taken:

EC: _____

Date: _____

Stabilization 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: Supported Employment Highly Challenged

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 level of performance during this milestone:

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:

Team meeting conducted and documented on ESS-C-173 *Team Meeting Narrative*: Yes No

Was the ESS-C-185 *Job Accommodation Form* updated and submitted to DRS Counselor?
Yes No N/A

During the stabilization milestone the individual worked a minimum of _____ hours per week, which is _____% of their Weekly Work Goal of _____ hours on the IPE.

This meets or exceeds 100% of the IPE goal: Yes No

The individual has worked one week without EC support. 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 _____.