|  |  |
| --- | --- |
| 1. Client Name | 2. Company |
| Title | Supervisor |
| Phone | Title |
| email | Phone |
| RATE of Pay | email |
| Schedule: | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. PREPARING FOR WORK** | | | | | | | | | |
|  | **Need to?**  **Yes/No** | **Date**  **Completed** | |  | | **Need to?**  **Yes/No** | | **Date**  **Completed** | |
| **a. Notify about starting job, reschedule appointments, etc.** |  |  | | **c. Clothing, Equipment, & Food, plan in place** | |  | |  | |
| Vocational Counselor |  |  | | Have clothes for first week of work? | |  | |  | |
| ORS Counselor |  |  | | Have lunch/break money or stuff to bring? | |  | |  | |
| ResidentialStaff/Casemanager |  |  | | **d. Employer Paperwork** | |  | |  | |
| Friends |  |  | | 2 forms of Identification to complete  I-9 and W-4 forms | |  | |  | |
| Family |  |  | |  | |  | |  | |
| Guardian |  |  | | **e. Financial/Benefits Management** | |  | |  | |
| Doctor |  |  | | Met with Work Incentive Benefits Counselor | |  | |  | |
| Nurse |  |  | | Understand how work affects | |  | |  | |
| Financial/Rep Payee |  |  | | Section 8/Rental Assistance | |  | |  | |
| Other |  |  | | Heating Assistance | |  | |  | |
| **b. Activities of Daily Living** |  |  | | Food Stamps | |  | |  | |
| Grocery Shopping |  |  | | \_\_\_\_SSI \_\_\_\_ SSDI | |  | |  | |
| Laundry |  |  | | Other | |  | |  | |
| Daily Chores |  |  | | Plan to manage and save paystubs | |  | |  | |
| Weekly Chores |  |  | | Report wages/work to SSA, DHS, etc. | |  | |  | |
| Social Activities |  |  | | **f. Confirmed** **Transportation To/From Work:** | |  | |  | |
| Budgeting |  |  | | \_\_Self \_\_Family /Friend \_\_Taxi/UBER  \_\_RIPTA \_\_RIDE \_\_\_Agency Staff | |  | |  | |
| **g. Other things to do before starting work?** | | | | | | | | | |
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# 4. What are major supports in keeping the job? (Skills, abilities, personal network, other support staff, etc.)

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# 5. Job retention funding is approved (if applicable) Not applicable Yes No

\_\_\_ ORS \_\_\_BHDDH \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6. What initial or ongoing job supports are needed? Check all that apply

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| --- | --- |
| None (review entire list before marking)  Off-Site Support  Assistance arranging transportation  Assistance preparing for the first day(clothes, etc.)  Ongoing Counseling and support (Frequency )  Employer Contact–obtain feedback (Frequency\_\_\_\_\_)  Other  I will contact SSA/DHS/Other to report earnings  on own  need assistance | On-Site Support  assist completing I-9 and W-4  Job analysis  Task analysis  Initial orientation and training (up to 1 week)  Identify job accommodations  Development of mentor/natural support of  co-worker/s  Initial on-site job coaching  On-going individualized skills training  Periodic site visits, note Frequency |

# 7. If providing on-site support or follow-up services to the employer, a Release of Information is signed by the client:

# Not applicable Yes No

# 8. If using hiring incentives, paperwork has been provided to the employer? Not applicable Yes No WO Tax Credit (WOTC) On the Job Training Ageement(OJT) \_\_\_\_\_\_ORS or \_\_\_\_\_DLT Other Hiring Incentive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 9. The employer will receive the following services to support job retention and career advancement:

# On-site Follow-up ADA Training Other: Be Specific

# Employee Evaluation (Freq.) Consultation

# Phone Contact Individual Job Coaching

# Co-Worker Training & Education Identifying Job Accommodations

10. Employer has been provided with agency contact information, including back-up contact:  Yes  No

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| --- | --- |
| 11. Needs: What are the general barriers/challenges, if any? | **Solutions/Interventions:** What strategies supports and/or job accommodations are confirmed? (consider natural supports) |
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12. List any remaining support gaps:

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**RETENTION ACTION PLAN:** List to do’s as identified from Starting a Job check list (page 1), Job Retention Support Plan (page 2) and others once on the job.

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| --- | --- | --- | --- | --- |
| **Task to Support Job Retention** | | **Person Responsible** | **Due Date** | **Completed Date** |
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| **After Hire Changes**  Salary/hours/benefits  supervisor/etc**.** | **Change Details/Action if Needed** (reminder: changes in salary must be reported if receiving SSI/DI, subsidized housing, or other assistance) | | **\*Person Responsible** | **Date Achieved** |
|  |  | |  |  |
|  |  | |  |  |

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_