|  |  |
| --- | --- |
| 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** |  |  |
| 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 |  |  | **e. Financial** |  |  |
| Guardian  |  |  | Met with Work Incentive Benefits Counselor |  |  |
| Doctor  |  |  | Understand how earnings will affect SSI/SSDI |  |  |
| Nurse  |  |  | **f. Confirmed** **Transportation To/From Work:**  |  |  |
| Financial Representative Payee |  |  | \_\_Self \_\_ Family /Friend \_\_Taxi/UBER \_\_RIPTA \_\_RIDE \_\_\_Agency Staff |  |  |
| Other………………………… |  |  |  |  |  |
| **b. Miscellaneous Activities** |  |  | **g. Understands how wages will affect other entitlements.** |  |  |
| Grocery Shopping |  |  | Section 8/Rental Assistance |  |  |
| Laundry |  |  | Heating Assistance |  |  |
| Daily Chores |  |  | Food Stamps |  |  |
| Weekly Chores |  |  | Other  |  |  |
| Social Activities |  |  |  |  |  |
| Financial Literacy |  |  | Adjusting personal budget accordingly |  |  |
| **h. 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) (ORS/Other) [ ]  Not applicable [ ]  Yes [ ]  No

# 6. What on-going job retention 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 (OJT) ORS or DLT incentive agreement

# 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 barriers/challenges?  | **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, Job Retention Support Plan 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/benefitssupervisor/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: \_\_\_\_\_\_\_