**PERSON CENTERED EMPLOYMENT PLAN (PCEP)**

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| **General Instructions** | | | | | | | | | | | | | | | | | | | |
| The Person Centered Employment Plan is a document that outlines the plan for assisting this person in achieving an employment outcome.   * Type or handwrite responses using blue or black ink. * Answer all questions. If a question or section does not apply, enter “Not Applicable” and explain why. * Answers should be written in a narrative format in clear, positive, descriptive English with minimal bullet points. * The narrative summaries must indicate how and when the information was collected. For example, by discussion with the consumer’s supervisor, or by direct observation of the consumer performing a skill. * Before submitting for payment, review the document to ensure all questions have been answered. | | | | | | | | | | | | | | | | | | | |
| **Person Identification Information** | | | | | | | | | | | | | | | | | | | |
| Last name: | | | First name: | | | | | | | | | | | Middle name: | | | | | |
| Street address: (include apartment and room number, if any) | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | | | | ZIP Code: | | | |
| Primary contact number  (     ) | | | Secondary contact number  (     ) | | | | | | | | | | | Email address: | | | | | |
| **PLAN OF ACTION** | | | | | | | | | | | | | | | | | | | |
| ***Job Readiness Summary*** | | | | | | | | | | | | | | | | | | | |
| **Critical Skills, Attitudes, and Resources** | | | | **Adequate** | | | | **Plans for Development or Assistance** | | | | | | | | | | | |
| Is Willing to work | | | |  | | | |  | | | | | | | | | | | |
| Has acceptable work attitudes and habits | | | |  | | | |  | | | | | | | | | | | |
| Can explain his or her skills and limitations | | | |  | | | |  | | | | | | | | | | | |
| Can locate job leads | | | |  | | | |  | | | | | | | | | | | |
| Can make appointments and follow through | | | |  | | | |  | | | | | | | | | | | |
| Can fill out job applications | | | |  | | | |  | | | | | | | | | | | |
| Other | | | |  | | | |  | | | | | | | | | | | |
| Job Skills: | | | | | | | | Limitations: | | | | | | | | | | | |
| Prosthetic, orthotic, and/or adaptive devices: | | | | | | | | | | | | | | | | | | | |
| Weekly gross income required: | | | | | | | | | | | | | | | | | | | |
| ***Job Possibilities***  List potential places of employment by name (and contact person if identified) that have need of the skills/tasks this person has to offer & that fit the preferred characteristics of a job. List the tasks you will be looking for within that company. This list will come from a job planning meeting, if held. This is your starting place for job development, once authorized to begin. | | | | | | | | | | | | | | | | | | | |
| ***Employment Objectives*** | | ***Strategy*** | | | | | | | | | | | ***Target*** | | | | | | |
| *Example:*  *To acquire the necessary skills to retain a position as a <insert job here>, at a minimum of 20h per pay period/* | | *Job site visits, job site data, employer evaluations* | | | | | | | | | | | *Client will independently arrive at work on time and maintain quality work and work production that satisfies employer standards, and will continue to perform that level prior to fading from job site.* | | | | | | |
| *To operate time clock at the job site each workday prior to start time.* | | *ES will conduct job site visits and review person’s attendance record* | | | | | | | | | | | *Person will independently punch time card or report time within 5 minutes or work start time* | | | | | | |
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| **Potential Employers** | | | | | | | | | | | | | | | | | | | |
| ***Potential Employer*** | ***Address*** | | | | | | | | | ***City, State*** | | | | | | | | ***Telephone Number*** | |
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| ***Representational Considerations***  Include role of Employment Specialist in job development. This is the area to address the plan for job development — who will make employer contacts? How will disability info be addressed, etc. State how you are going to represent this person (go together or you act as his/her agent). Discuss how this person’s disability is going to be addressed to potential employers - what can you say? What can’t you say? Be sure to get input from this person and/or legal guardian. How will you describe the impact of disability in functional terms? Rather than saying “he has Autism” how will you describe his specific characteristics and how they relate to work? | | | | | | | | | | | | | | | | | | | |
| ***Job Leads to Check*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Job Developer** | | | | | | | | | | **Jobseeker** |
| Want ads | | | | | | | | |  | | | | | | | | | |  |
| Yellow pages | | | | | | | | |  | | | | | | | | | |  |
| Schools and training facilities | | | | | | | | |  | | | | | | | | | |  |
| Unions | | | | | | | | |  | | | | | | | | | |  |
| Former employers | | | | | | | | |  | | | | | | | | | |  |
| Family and friends | | | | | | | | |  | | | | | | | | | |  |
| Other job developers or counselor/s | | | | | | | | |  | | | | | | | | | |  |
| Trade publications | | | | | | | | |  | | | | | | | | | |  |
| Employment agencies | | | | | | | | |  | | | | | | | | | |  |
| Electronic job listings | | | | | | | | |  | | | | | | | | | |  |
| Other: | | | | | | | | |  | | | | | | | | | |  |
| Other: | | | | | | | | |  | | | | | | | | | |  |
| Other: | | | | | | | | |  | | | | | | | | | |  |
| ***On-the-Job Supports*** (Role of Employment Specialist, natural supports, training supports – how typical people who train will be involved, other supports.)  Explain what type of supports will be expected at the job site (examples: facilitating relationships, following natural prompts to tell time, working with small group of consistent co-workers, initial instruction using the time clock, etc.) | | | | | | | | | | | | | | | | | | | |
| ***Possible Job Site Modifications*** | | | | | | | | | | | | ***Person Responsible*** | | | | | | | |
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| ***Other Support Services*** (Such as rehab tech, SCL, supports needed for transportation, etc.)  List here any support services this person has/will need that relate to him/her being successful at work (residential services, case manager, PT appointment every other week, therapist appointment every Wednesday, etc.). Will this person need an accommodation? Describe what may be needed and who may be able to help work out the details. | | | | | | | | | | | | | | | | | | | |
| ***Potential Employment Difficulties***  ***(e.g. transportation, limited lifting etc.)*** | | | | | | | ***Potential Solutions*** | | | | | | | | | | | | |
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| ***Retention Plan*** (Plan for person to be independent on the job site.)  Identify needed natural supports (people, prompts, orientation, etc.). Identify the employment specialist’s initial role on the job site. | | | | | | | | | | | | | | | | | | | |
| ***Other Important Information***  Describe any other necessary information here that you didn’t feel was appropriate to place anywhere else. Examples: criminal background, safety concerns, unique aspects of person not listed previously, etc. You don’t have to list anything here, only if needed. | | | | | | | | | | | | | | | | | | | |
| ***Job Preparation and Placement Schedule*** | | | | | | | | | | | | | | | | | | | |
| **Assignment Planned** | | | | | | | | | | | **Date Planned to Achieve Assignment** | | | | | | | | |
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| **Conclusions** | | | | | | | | | | | | | | | | | | | |
| Record a brief summary of the consumer’s employability and support needs related to gaining and maintaining long-term, competitive, integrated employment within the community. *Include other recommendations too – i.e. customized employment, potential for requiring job coaching etc.* | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | |
| I, the Employment Specialist or \_      \_ (describe position), certify that:   * I personally completed the Person Centered Employment Plan; and * I documented the services and information described above in the Person Centered Employment Plan | | | | | | | | | | | | | | | | | | | |
| First and Last name of the Employment Specialist: | | | | | Signature of the Employment Specialist: | | | | | | | | | | | | Date Report Submitted: | | |
| I, the consumer (or legally authorized representative), am satisfied and certify that the dates, times and services are accurate. | | | | | | | | | | | | | | | | | | | |
| First and last name of this person: | | | | | Signature of this person: | | | | | | | | | | | | Date: | | |
| First and last name of authorized representative: | | | | | Signature of the authorized representative: | | | | | | | | | | | | Date: | | |
| **DCRSA Approval of the PCEP** | | | | | | | | | | | | | | | | | | | |
| Reviewed/ Approved:  Approved  Returned to Provider\* | | | | | VR Specialist’s initials: | | | | | | | | | | Date: | | | | |
| \****Reason for returning to provider*** (this block will appear if “returned to provider” box is marked.) | | | | | | | | | | | | | | | | | | | |