**PLACEMENT INFORMATION REPORT**

**JOB PLACEMENT (JP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual Information** | | | | | | | | | | | | |
| Name of Person: | | | | Counselor: | | | | | | | | |
| Provider: | | | | Date of Report: | | | | | | | | |
| **Employment Information** | | | | | | | | | | | | |
| Person’s job title: | Start Date: | | | | | Full time Part time | | | | | | |
| Employer name: | | Address: | | | | | City, State: | | | | ZIP code: | |
| Supervisor: | Supervisor Title: | | | | | Supervisor contact information: | | | | | | |
| Hours per week: | Days per week: | | | | | Hourly rate: $ | | | | | | |
| *Job Description.* Detailed description of the person’s job duties. | | | | | | | | | | | | |
| *Benefits.* Is the person receiving benefits for this employer – if so, what type? Detail type and eligibility date.  Medical benefits? YES  NO  Others: | | | | | | | | | | | | |
| **Placement Checklist** | | | | | | | | | | | | |
| Review and respond to the following questions as they relate to the person’s placement. Provide comments to support or explain your responses in the comment section below: | | | | | | | | | | YES | | NO |
| 1. Is the person satisfied with the job placement? | | | | | | | | | |  | |  |
| 1. Is the job consistent with the employment goal agreed by the person and the VR specialist? | | | | | | | | | |  | |  |
| 1. Is the placement in an integrated setting where persons without disabilities work in the same position as the person served by RSA? | | | | | | | | | |  | |  |
| 1. Do the wage and working conditions conform to federal and Washington DC (or applicable state) laws including laws regarding minimum wage? | | | | | | | | | |  | |  |
| 1. Are the person’s wage and benefits not less than those paid by the employer to workers who do not have a disability doing the same or similar work? | | | | | | | | | |  | |  |
| 1. Are the all the monthly job development progress reports submitted until this placement? | | | | | | | | | |  | |  |
| Hiring Incentive Utilized: WTO  OJT  Tax Credit  Others  COMMENTS: | | | | | | | | | | | | |
| **Placement Supports Checklist** | | | | | | | | | | | | |
| ***Retention concerns.*** Indicate if the following have been addressed or needs to be addressed; provide additional explanation where appropriate, and used N/A for items that do not apply: | | | | | | | | | | | | |
|  | | | Addressed | | Needs to be addressed | | | N/A | Assistance/ Coordination by: | | | |
| On-site support/ job coaching | | |  | |  | | |  |  | | | |
| Reporting earnings to social security | | |  | |  | | |  |  | | | |
| Appearance/ Hygiene | | |  | |  | | |  |  | | | |
| Punctuality | | |  | |  | | |  |  | | | |
| Job Accommodation | | |  | |  | | |  |  | | | |
| Transportation/ Navigation to Work | | |  | |  | | |  |  | | | |
| Child care | | |  | |  | | |  |  | | | |
| Work clothes | | |  | |  | | |  |  | | | |
| Safety instruction | | |  | |  | | |  |  | | | |
| Therapy/ medical treatment | | |  | |  | | |  |  | | | |
| Employee orientation | | |  | |  | | |  |  | | | |
| Plan to elicit regular supervisor and individual feedback | | |  | |  | | |  |  | | | |
| Job skills training needs | | |  | |  | | |  |  | | | |
| Waiver: off-site coaching | | |  | |  | | |  |  | | | |
| Family/ friends/ coworkers (as natural supports) | | |  | |  | | |  |  | | | |
| Others(please specify) | | |  | |  | | |  |  | | | |
| Comments/ Recommendations: | | | | | | | | | | | | |
| **Verification of Employment** | | | | | | | | | | | | |
| Employment offer letter  Employer certification  Other:  (Attach verification document to this report) | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | |
| I, the Employment Specialist certify that: the documented services and information described herein are true and correct. | | | | | | | | | | | | |
| First and Last name of Employment Specialist: | | | | Position Title: | | | | | | | | |
| Signature: | | | | Date: | | | | | | | | |

Encl. Verification of Employment document