

**SE: CAREER DEVELOPMENT & PLACEMENT (SE002)****HIRE REPORT**

Please review technical specifications as outlined in the SE Attachment to the LOA and SE User Guide for information.

District Number: \_\_\_\_\_

VR Counselor Name: \_\_\_\_\_

Billable ☐Non-Billable ☐

(If billable report, please attach VPO)

Client's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

CRP Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Client's Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Average Weekly Hours: \_\_\_\_\_

No. of Days per Week: \_\_\_\_\_

Receives Health Insurance through Employment?

☐ Yes ☐ No

Other Benefits: \_\_\_\_\_

Job Duties: (Attach Job Description, if available) \_\_\_\_\_

Job Accommodations: \_\_\_\_\_

**Vocational Objective:**

Vocational Objective as written on the Individualized Plan for Employment (IPE): \_\_\_\_\_

If Job is different from the vocational objective listed on the IPE, explain transferable skills, client interest, informed choice, agreement, etc.: \_\_\_\_\_

**Competitive Integrated Employment:**

Does the employment meet the definition of Competitive Integrated Employment:

a. Is the work at a location typically found in the community (competitive labor market)?

☐ Yes ☐ No

b. Is the individual who is working on a full-time or part-time basis (including self-employment) compensated at a rate that:

(1) is at least the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938, as amended, or the rate specified in the applicable State or local minimum wage law?

☐ Yes ☐ No

(2) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills?

☐ Yes ☐ No

(2) in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills?

☐ Yes ☐ No ☐ Not applicable

c. Is the individual eligible for the level of benefits provided to other employees?

☐ Yes ☐ No

d. Is the employment at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons?

☐ Yes ☐ No

e. Does the employment present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions?

☐ Yes ☐ No

Signature:

I, the Supported Employment Specialist certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain credential and training requirements as described in the SE Attachment to the Letter of Agreement.

Name/Signature of the S.E. Employment Specialist:

Date form completed:

### TO BE COMPLETED BY VR STAFF ONLY:

**VR APPROVALS:** Hire offer for 10 hours or less per week whether Individual Community Placement OR within the CRP will need VR approval in advance.

VR COUNSELOR SIGNATURE:	DATE:
FIELD SUPERVISOR:	DATE:

## STAFFING

### COMPLETE ONLY IF VOCATIONAL OBJECTIVE IS DIFFERENT FROM THE INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

The VR Counselor has the primary responsibility in completing the staffing page.

Is the client satisfied with the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the job appropriate considering the client's disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the job appropriate based on location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the job appropriate based on hours worked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the IPE –Vocational Objective been amended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the job in a competitive integrated setting and is the pay commensurate to work performed by employees without disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Additional Comments:</b> _____		
<b><u>Signatures</u></b>		
Client:	Date:	
Client's representative or legal guardian, if applicable:		
CRP Provider staff representative:		
VR Counselor:		