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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Hire/Placement Report for: Individual Placement and Support; Supported Employment; Customized Employment; and Job Placement** |

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| Indicate the placement service:  Individual Placement and Support  Supported Employment  Customized Employment  Job Placement |

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| VR Counselor Name: |

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| Customer’s Name: | CRP Name: | |
| Employer’s Name: | | Telephone: |
| Address: | | Supervisor Name: |
| Customer’s Job Title: | | Start Date: |

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| Hourly Rate: | Average Weekly Hours: | | No. of Days per Week: | |
| Receives Health Insurance through Employment? (attach supporting documentation)  Yes  No | | Other Benefits: | | |
| Job Duties: (Attach Job Description, if available) | | | | |
| Job Accommodations: | | | | |
| If placement was Customized Employment, describe how the job was customized: | | | | |
| **Competitive Integrated Employment:** | | | | | |
| Does the employment meet all of the of competitive integrated employment criteria as described in the CRP Manual?  Yes—the customers employment meets all competitive integrated employment criteria.  No— specify which criterion is not being met: Click or tap here to enter text. | | | | | |
| Disclosure:  Yes—Individual has agreed to employer contact and has signed a release  No—Individual does not want employer contact | | | | |
| Date the customer was referred to Benefits to Work Counselor: | | | | |
| **Vocational Objective:** | | | | |
| Employment matches the employment goal as written on the Individualized Plan for Employment (IPE):  Yes  No Comment: | | | | |
| **Signature:** | | | | | |
| I certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain the credential and training requirements as described in the CRP Manual. | | | | | |
| Name & Signature of the CRP staff: | | | | | Date form completed: |