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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:      |