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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Supported Employment Intensive Job Services Request** |

This form needs to be completed thoroughly and submitted to the VR Counselor if there is a need to request Intensive Job Services. The VR Counselor will indicate approval via issuance of a Vendor Authorization.

**Customer’s Name**:  **Employer Name**:

**Address**:  **Phone**:

**Job Title**:  **No. of work hours per week:**

**Shift Length**:  **No.** **of work days per week**:

It is anticipated Intensive Job Services will be needed for       hours per week for       weeks.

**New tasks on the job**: Explain what the tasks were when the employee was hired and the new tasks or promotion that will require intensive job services.

**New management**: Explain the need to educate new management or the support needed for the employee to interact with a new supervisor.

**Extended absences from work**: Document the continuous length of time away from work due to medical issues or other leave.

**Factors away from work affecting work:** Document medical or psychological issues, residential issues, family issues or transportation issues (not all inclusive) that are hindering work.

**Other unusual circumstances that would justify the need for Intensive Job Services**: Please provide detailed information.

**Please provide plan of specific activities including reasonable accommodations to alleviate barriers posed by the individual’s limitations and plan for intensive job services fading.**

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| **Signature:** | |
| I, the SE Employment Specialist/Job Skills Trainer/Job Coach 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 credentials and training requirements as described in the CRP Service Guide. | |
| **Name/Signature of the CRP Staff**: | **Date form completed:** |