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|  | **TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES****Individual Placement and Support Monthly Progress Report**  |

**Report for**       (**Month)**       (**Year)**

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| VR Counselor Name:       |
| **Billable [ ]  Non-Billable [ ]** **(If billable report, please attach applicable VPO)** |

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| --- | --- | --- |
| **Client Name:**       | **SSN:**       | **CRP Name:**       |

**Service Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Career Profile** **[ ]** ***Start Date:***      ***Completion Date:***       | **Career Match & Hire** **[ ]** ***Start Date:***      ***Completion Date:***      Complete page 2 of this report.  | **Job Stabilization (Status 22)** **[ ]** ***Start Date:***      ***Completion Date:***       | **30 Day Stabilization & Maintenance [ ]** ***Start Date:***      ***Completion Date:***       |
| **60 Day Stabilization & Maintenance** **[ ]** ***Start Date:***      ***Completion Date:***       | **90 Day Stabilization (Status 26) [ ]** ***Completion Date:***       | **Re-Engaging with Individual [ ]** ***Start Date:***      ***Completion Date:***      ***(should coincide with Start Date of another phase)*** |

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| Identify and explain progress, services, barriers addressed and/or ongoing issues to resolve including changing jobs, leaving or reentering program, treatment, labor market, job coaching issues, plan for fading, etc.       |

[ ]  **Hire Report** **Attached** [ ] **Other,**

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| --- |
|  I, the IPS 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 IPS Attachment to the Letter of Agreement (LOA). |
| Name of the Employment Specialist       | Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:      |

**Report for**        (**Month)**       **(Year)**

 **(Attach additional pages if necessary)**

**To be submitted each month until placement is secured**

|  |  |  |
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| **Client Name:**       | **SSN (last 4):**       | **CRP Name:**       |

**Job Specifications (needs, preferences):**

**Job Search Ideas:**

**Record of Job Development Contacts:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Staff Initials** | **Business** | **Contact** | **Results/Next Steps** |
|       |       |       |       |       |
|       |       |       |       |       |
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**If no placement occurs after the client and CRP have been working together for a 4 month period, a team meeting will be held to discuss any issues and the vocational goal, and job search parameters will be reviewed for appropriateness.**