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|  | TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICESHire/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: |
| **Billable  Non-Billable**  **(If billable report, please attach Vendor Purchase Order)** |

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| Client’s Name: | SSN(last 4): | | CRP Name: |
| Employer’s Name: | | Telephone: | |
| Address: | | Supervisor Name: | |
| Client’s Job Title: | | Start Date: | |

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| 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: | | | | |
| If placement was Customized Employment, describe how the job was customized: | | | | |
| **Competitive Integrated Employment:** | | | | | |
| 1. Does the employment meet the definition of Competitive Integrated Employment:  a. Is the client compensated at a rate that is not less than either the legal Federal or local minimum wage or the customary rate for the same or similar work performed by employees who are not individuals with disabilities and who have similar training, experience and skills;  Yes  No  b. Is the client eligible for the level of benefits provided to other employees who are not individuals with disabilities;  Yes  No  c. Does the client interact with fellow employees who are not individuals with a disability for the purpose of performing the job duties within the particular work unit and the entire work site and with other persons (customers, vendors, etc.) who are not individuals with disabilities, excluding CRP or other staff providing VR services, to the same extent as fellow employees who are not individuals with disabilities;  Yes  No  d. Does the client have the opportunity for advancement that is similar for other employees who are not individuals with disabilities and who have similar positions?  Yes  No  e. For self-employment, has income from a business that is comparable to the income of a similar business operated by an individual without a disability and who has similar training, experiences and skills.  Yes  No  Not Applicable  2. If the placement is less than 15 hours per week, has written approval from the Regional Supervisor been obtained?  Yes  No  Not Applicable | | | | | |
| Disclosure:  Yes—Individual has agreed to employer contact and has signed a release  No—Individual does not want employer contact | | | | |
| Date the client was referred to Benefits to Work Counselor: | | | | |
| **Vocational Objective:** | | | | |
| Vocational Objective as written on the Individualized Plan for Employment (IPE): | | | | |
| **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 credential and training requirements as described in the Letter of Agreement. | | | | | |
| Name/Signature of the required staff: | | | | | Date form completed: |