

**BASIC INFORMATION**

Name of individual	Counselor Name
Provider Name	Employment Specialist Name
Number of hours the Individual works monthly	Estimated hours needed monthly for on and off site supports

**EMPLOYMENT INFORMATION**

Employed/Start Date	Days working per week	Hours working per week
Hourly Wages/Salary	Does this wage qualify for a CRP Bonus Payment (Choose one)	
Employer		
Employer Address		
Supervisor/Contact Person		
Job Description Attached (Choose one)		
If no, please give a description of the job		

Does the job match the Individual's IPE goal? (Choose one)

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If no, contact the counselor to discuss an amendment.

Does this job match the individual's interests? (Choose one)

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If no, explain why this job was acquired for the individual?

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Employer Benefits (list all that apply)

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Is the employer paying at least 51% of medical insurance? (Choose one)

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## SUPPORT INFORMATION

What on-site supports do you plan to provide to the Individual?

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What off-site supports do you plan to provide to the Individual?

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How do you plan to identify natural supports?

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**Other important information**

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Submit to the OVR Counselor immediately upon completion. It is due no later than the close of business the same day. If there are extenuating circumstances, then it is due no later than close of business the next day.

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