

Kentucky Office of Vocational Rehabilitation

OVR SE 4-Supported Employment Services Note

Instructions

For the purpose of this document, and in accordance with the Supported Employment (SE) Service Fee Memorandum (SFM), supported employment services are viewed as intensive, ongoing support services provided to an individual after they begin employment. These services are needed to assist the individual in performing their work, which leads to stable and sustainable competitive integrated employment. Examples of such supports include, but are not limited to, the following: job coaching or training, routine contacts (e.g., employer, individual, supervisor, etc.), orientation, problem-solving (with transportation, clothing, hygiene, soft skills), crisis management, career advancement (e.g., increasing work hours, promotions, or additional trainings).

Individual Name

Enter the first and last name of the individual.

Individual Date of Birth

Select the month, day, and year for the date of birth for the individual or manually enter the date using MM/DD/YYYY format

Counselor Name

Enter the first and last name of the Office of Vocational Rehabilitation (OVR) Counselor.

Provider Name

Enter the name of the Community Rehabilitation Provider (CRP) that is completing the supported employment note.

Employment Specialist

Enter the first and last name of the employment specialist who is completing the supported employment note.

Total Billable Hours for this activity

Enter the total billable hours for this activity. Enter the total billable hours that you provided for on-site and off-site support.

Date

Select the month, day, and year of the date the service was provided or manually enter the date the service was provided using MM/DD/YYYY format. There can only be one note for one date of service. Multiple dates of service cannot be included on one note.

Service

Were services provided on this date performed onsite, offsite, or both? (Choose one)

Select onsite, offsite, or both.

What support services did you provide?

Enter the support services that you provided.

Results

What feedback did you receive from the employer about the individual's work performance?

Enter the feedback received from the employer about how the individual performed on the job. Be as detailed and specific as possible and make this section a priority.

What did you learn about the individual's job performance, employer, employment site?

Enter what you learned about the individual's job performance, the employer, and the site itself. Be as specific and detailed as possible.

How is the individual achieving stability on the job?

Enter how the individual is becoming more stable on the job. Be specific.

What does the individual need to perform their work more independently?

Enter what the individual needs to be more independent on the job. Be specific.

How are you reducing your presence on the job site?

Enter how you are reducing or phasing out your presence on the job site?

What steps were taken to increase natural supports on the job?

Enter what you are doing to create those natural or built-in supports on the job.

What additional insight or information was obtained?

Enter any more information that was obtained. Please be specific and not repetitive.

Next Steps

When will you provide the next service?

Enter the timetable for the next service.

Do you feel the individual has reached stability on the job? (Choose one)

Select whether the individual has reached stability on the job.

If the individual has achieved stability, then complete the Extended Services Plan and update the Employment Stability Assessment form and submit to the OVR Counselor. Submit this form to the counselor by the 5th of each month.