Job Support Plan

# **Contact Information**

Organization:       Date:

Employment Specialist:       Phone Number:

Consumer Name:       Case Number:

OVR Counselor:       Employer:

# **Job Information**

# Consumer’s Job Title and Description of Duties:

# Disclosure. Will the Employment Specialist have contact with Supervisor? If so, how often and what type:

# **Job Support**

# Job Support Need #1:

Detailed plan:

# Job Support Need #2:

Detailed plan:

# Job Support Need #3:

Detailed Plan:

# Job Support Need #4:

Detailed Plan:

# **Additional Supports**

List additional support such as Family Member or Case Manager and how they will help.

## Person:

Role:

## Person:

Role:

## Person:

Role:

# **Notes**

Any notes not listed above, necessary for the continued employment of the Consumer:

#  Employment Specialist Signature/Date:

*By electronically signing this form, the Employment Specialist verifies that the Consumer has full knowledge and agrees with this plan.*

*OVR Revised 12-21-18*