# **Supported Employment Long-Term Support Plan**

# **(90-Day Stable Employment Summary)** *(If this person will receive Long Term Support services funded by a Medicaid waiver this plan needs to be developed by the individual’s team*)

|  |  |  |  |
| --- | --- | --- | --- |
| **SE Provider** | Click here to enter text. | **Name of Consumer** | Click here to enter text. |
| **Employer** | Click here to enter text. | **Job Title or Function** | Click here to enter text. |
| **Wage per Hour** | Click here to enter text. | **Hours per Week** | Click here to enter text. |

### Frequency and Description of On-Site Services / Supports provided by the employment specialist)

*What, if anything, do you do with and/or for the employee regarding job tasks? How do you plan to shift these tasks to employee and/or natural supports? How often, and in what way, will you follow up with employee and employer?*

|  |
| --- |
| *Answer the above questions with as much detail as you can obtain. Be as specific as you can with your answers.* Click here to enter text. |

### Frequency and Description of Off-Site Services and Supports (provided by Employment specialist and other service providers)

*Name, role, type of service, frequency needed. For example: transportation, assistance at home, therapies, Employment Specialist following up about job off site/email/phone.*

|  |
| --- |
| *Answer the above with as much detail as you can obtain. Be as specific as you can with your answers.*Click here to enter text. |

### Description of Natural Supports on the Job

*Be specific – name, title/role, type of support, description, and frequency needed.*

|  |
| --- |
| *Be very specific in answering this information as this will assist with future planning for the consumer.*Click here to enter text. |

### Other Important Information

*Anything else that may be needed to support employee, for example: safety concerns, criminal history expungement, special medication considerations, etc.*

|  |
| --- |
| *Please list current and/or future concerns in assisting the consumer. Be as specific as you can with your information.*Click here to enter text. |

**Consumer’s Future Employment Goals**

*These should be person centered and will change over time. Examples include: developing relationships at work, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc.*

|  |
| --- |
| *Be as specific as you can in answering this area.*Click here to enter text. |

### How was input obtained for this plan?*Name & role of those involved – employee, employment specialists, guardian, other support people, team members, etc.*

|  |
| --- |
| *Indicate those individuals and their role that have assisted with this process.*Click here to enter text. |

Employment Specialist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Employment Specialist: Click here to enter text.

Date: Click here to enter text.