

E&R Placement Milestone Forms List

Required Case Documentation for Payment of [ER PL Milestone](#):

- ® **ESS-C-117** *Travel Log and Invoice* (when travel is authorized, see D. Milestone Rates)
- ® **ESS-C-133** *DRS Counselor Monthly Update Form(s)* (required only when ER PL Milestone lasts more than one (1) month, email the form each month to DRS Counselor; submit separately from milestone documentation)
- ® **ESS-C-157** *Pre-Placement Information Form* (submit prior to or on the start date of the initial job only, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-161** *Job Analysis* (completed before first (1st) day of work, only when EC is requested onsite by individual) (for initial placement)
- ® **ESS-C-166** *Placement Report* (counts as DRS Monthly Update or final monthly update if ER PL milestone extends beyond one month)
- ® **ESS-C-185** *Job Accommodation Form* (for initial placement)
- ® **ESS-C-213n** O*NET median hourly wage documentation for the region or city where the job is located (Prior to or on start date, required ONLY when hired by the Contractor; email documentation to the DRS Counselor and Cc ESS TA)
- ® **ESS-C-274** *ER Authorization Request & Milestone Billing Form*

If termination and/or replacement occurs:

- ® **ESS-C-181** *Termination/Re-Placement Report* (upon Contractor notice of termination, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-181** *Termination/Re-Placement Report* (prior to or on start date of re-placement, update the above form with new job information, email to DRS Counselor and Cc ESS TA)
- ® **ESS-C-161** *Job Analysis* (completed before first (1st) day of work) (for re-placement, only when onsite support requested by individual)
- ® **ESS-C-185** *Job Accommodation Form* (for re-placement)

Legend: ® = [Required](#)

® = required, if applicable

[ER PL Forms List](#)

Pre-Placement Information Form

Individual's Name: _____ Contractor Name: _____

Vocational Goal from IPE: _____

Employer (Business Name): _____

Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First & Last Name Include Area Code

Individual's Job Title: _____ Start Date: _____

Starting Hourly Wage: _____ Total Hours per Week: _____

Current Contract: **CE** **SE** **ER** **JP** **JOBS** **SES**

Weekly Work Goal on IPE: _____

Benefits Available: Health Insurance Sick Leave Vacation Retirement/401K

Other: _____

Brief Description of Job Duties/Tasks:

Client Needs: (e.g. clothing, transportation, accommodations, such as supports, interpreter, task lists, etc.)

Confirmation the job has been accepted: YES NO

DRS Counselor: _____ ESS TA: _____

EC Name: _____ Date: _____

INSTRUCTIONS: Email to DRS Counselor, ESS TA and save in Files.

Job Analysis (1)

Individual's Name: _____ Date of Analysis: _____

Employer (Business Name): _____

Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone: _____
First and Last Name

Position Analyzed: _____ Job Analysis performed by: _____

Basic job description:

Major work duties:

Occasional work duties (identified by employer):

Rate of pay and benefits:

Worker Demands at the Work Site:

Physical		Sensory	Academic
<input type="checkbox"/> Lifting (max lbs.)= _____	<input type="checkbox"/> Stooping	<input type="checkbox"/> Vision	<input type="checkbox"/> Reading
<input type="checkbox"/> Carrying	<input type="checkbox"/> Climbing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Writing
<input type="checkbox"/> Standing	<input type="checkbox"/> Balancing	<input type="checkbox"/> Speaking	<input type="checkbox"/> Math
<input type="checkbox"/> Continuous Movement	<input type="checkbox"/> Reaching	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Rapid Movement	<input type="checkbox"/> Walking		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

Production Standards:
Employer's expectations/standards for work quality: _____
Employer's expectations/standards for work speed: _____

Work Site Considerations:
Pace of work: _____

Job Analysis (1)

Potential hazards on job (chemicals, odors, dangerous equipment, etc.):

Length of probationary period for the job: _____

Safety Equipment, special clothing or uniforms: _____

Tools and equipment to be operated: _____

Materials and products to be handled: _____

Location of employee parking area: _____

Employee interaction: _____

Use of teamwork vs. independent task performance: _____

Company social or recreational activities that the individual could be involved in:

Work Site Environment:

Descriptions	Yes	Somewhat	No
Employees are friendly to non-employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees appear happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is orderly and neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is easy to get around in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site temperature is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is well-lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building entrance is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch/break area is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers are present in lunch/break room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom faucets, doors, etc. are easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom doors are wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential for adaptations/modifications to work site:

Job Analysis (1)

Essential Skill Areas:

Rating Codes:

E = Essential – an Essential skill needed in this job which **MUST** be performed or accommodated for successful training. Accommodations **MUST** be identified in the Natural Supports Training Plan for all Essential skills needing accommodation.

D = Desirable – not Essential to the job but Desirable. The employer will not refuse to hire someone who cannot perform this task with or without an accommodation, however, discrepancies in this area **MAY** require some accommodation for job retention.

M = Minimally Important – not relevant to this job or these skills are not needed in this job. Lack of these skills will not directly threaten job placement or retention and, therefore, require no accommodation planning.

Skill Area	Description of Skill Cluster	Rating (E, D, or M)	Notes
Social Skills	Comfort and interest in others, expressing feelings appropriately, getting along with others		
Cooperativeness	Listening, clarifying then following instructions, accepting criticism		
Work Habits	Timeliness, starting and finishing tasks on time, taking breaks		
Work Quality	Speed and quality, recognizing mistakes, need to self-prompt		
Personal Presentation	Hygiene, dress, basic conversation skills		
Task Demands	Physical demands, stamina/mental capacity, attention to detail, adaptation to change		

Work Schedule: (Ex. 10:15a-11:45p)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EC Name: _____

Date: _____

Job Accommodation Form

Individual's Name: _____

Employer (Business name): _____

List all Accommodation(s) and Result(s). Explain whether the Accommodation(s) worked or if changes were required.

The Job Accommodation Network (JAN) provides free, confidential technical assistance about job accommodations. Visit them online at <https://askjan.org/links/about.htm>. Or visit the Americans with Disabilities Act website at <https://www.ada.gov/> for further guidance.

Accommodation 1 / Implementation Results:

Accommodation 2 / Implementation Results:

Accommodation 3 / Implementation Results:

Accommodation 4 / Implementation Results:

EC Name: _____

Date: _____

Placement Report

Individual's Name: _____ Contractor Name: _____

DRS Counselor Name: _____ Contract: _____

Employer (Business name): _____

Employer's Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First and Last Name Include area code

Individual's Job Title: _____ Start Date: _____

Starting Pay: _____ Total Hours per Week: _____
Rate, Type (hourly, weekly, monthly, annual or estimated commission)

Work Schedule:

Sample	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00a – 10:00a							
4:00p – 8:00p							

Dates of first five (5) days of employment: _____

Benefits available: Full/partial health insurance Sick leave Vacation Retirement

Other: _____

Description of individual's job duties:

Summarize individual's response to job duties, environment, work schedule etc. and EC's observations:

Placement Report

Select "YES", "NO", or "N/A" in response to each statement below:

Yes No The **ESS-C-157**—*Pre-Placement Information Form* was emailed to the DRS Counselor and ESS TA **prior** to or on the start date.

Yes No N/A The **ESS-C-185**—*Job Accommodation Form* was completed.

EC Name: _____ Date: _____

Employment and Retention (ER) Authorization Request & Milestone Billing Form

Individual's Name: _____ Contractor Name: _____
EC: _____ DRS Counselor: _____
Authorization Number: _____ Authorization Date: _____
Milestone Begin Date: _____ Milestone Completion Date: _____
Invoice Date: _____ Invoice Number: _____
Employment Begin Date: _____

Milestone Billing

Please select the milestone for which you are **billing**: (maximum of one)

Milestone

Assessment (AS) Milestone	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone	\$ 413
Four Weeks Job Retention (R4) Milestone	\$1,238
Successful Employment (EM) Milestone	\$1,650

FOR DRS USE ONLY Paid Date: _____ by _____

Authorization Request

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization.

Milestone

Assessment (AS) Milestone (Planned Date: _____)	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone (Request next planned milestone along with PL request)	\$ 413
Four Weeks Job Retention (R4) Milestone (Requested with PL, if planned)	\$1,238
Successful Employment (EM) Milestone (Requested with PL, if R4 NOT planned)	\$1,650

FOR DRS USE ONLY Authorization Number: _____ Date Issued: _____

EC Name: _____ Date: _____