

E&R EM (Successful Employment) Milestone Forms List

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

- ® ESS-C-117 *Travel Log and Invoice* (when travel is authorized, see D. Milestone Rates)**
- ® ESS-C-133 *DRS Counselor Monthly Update Form (1st)* (email first monthly update to DRS Counselor as an attachment; submit separately from milestone documentation)**
- ® ESS-C-133 *DRS Counselor Monthly Update Form (2nd)* (email second monthly update to DRS Counselor as an attachment; submit separately from milestone documentation)**
- ® ESS-C-225 *Record of Hours Worked***
- ® ESS-C-237n *Current Paystub/Earnings Statement***
- ® ESS-C-249 *Employee Satisfaction Survey***
- ® ESS-C-266 *Employment Outcome Report* (counts as 3rd and final DRS Monthly Update for ER EM milestone)**
- ® 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 supports requested by individual)**
- ® ESS-C-185 *Job Accommodation Form* (for re-placement)**

Legend: ® = [Required](#) ® = required, if applicable

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 5 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 6 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 7 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 8 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 9 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 10 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 11 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 12 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
6 Day 90							
7							
Pg. 13 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 14 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 15 Total Hours:							
Weekly Comments:							

Record of Hours Worked (4)

Individual: _____ DRS Counselor: _____
 Contractor: _____ Employment Consultant: _____
 Contract: _____ Milestone / Service: _____
 Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal: _____
Day	Date						
1							
2							
3							
4							
5							
6							
7							
Pg. 16 Total Hours:							
Monthly Total Hours:							
Weekly & Milestone/Service Completion Comments:							

Submitted by: _____

Date Submitted: _____

Employee Satisfaction Survey

Individual's Name: _____ Date: _____

Address: _____
Street Address City State Zip Code

1. Do you enjoy your job?
 Agree Undecided Disagree
2. My work makes me feel good about myself.
 Agree Undecided Disagree
3. I have the supports necessary to do my job.
 Agree Undecided Disagree
4. I have the accommodations needed to do my job.
 Agree Undecided Disagree
5. My job makes good use of my skills and abilities.
 Agree Undecided Disagree
6. When a problem comes up at work, I know who to ask.
 Agree Undecided Disagree
7. In my job I have the opportunity for advancement.
 Agree Undecided Disagree
8. I understand my job duties.
 Agree Undecided Disagree
9. I feel appreciated on my job.
 Agree Undecided Disagree

Select **“YES”** or **“NO”** in response to the statements below:

- YES NO Do you have regular transportation problems? _____
- YES NO Do you have difficulty getting to work on time? _____
- YES NO Do you get along with your supervisor and co-workers? _____
- YES NO Do you get upset when your supervisor or co-workers give you instructions and/or corrections? _____
- YES NO Do you worry that you might lose your job? _____

Additional comments:

- YES NO The EC has verified that the responses on this form are the individual's.

EC Name: _____ Date: _____

Employment Outcome Report

Individual's Name: _____ Case Number: _____

Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____
Include Area Code Include Area Code

Contract: CE ER JP SE

Vocational Goal on the IPE: _____ Is job related to IPE goal? Yes No

Employer (Business Name): _____

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

Employer Contact: _____ Phone Number: _____
First, Last Name, Title (Area Code) Number, Extension if applicable.

Individual's Job Title: _____ Start Date: _____

Starting Hourly Wage: _____ Current Wage: _____ Total hours per week: _____

SE weekly work goal from IPE: _____ Is the weekly work goal met or exceeded? Yes No

Benefits Available: Full/Partial Health Insurance Sick Leave Vacation Retirement

Other:

Please list any changes in job duties or responsibilities since employment began:

Document any positive feedback or concerns identified by the individual or guardian. Describe how concerns were addressed:

Document any positive feedback or concerns of the **employer** regarding the individual's current job performance and describe steps taken to address any concerns identified:

Select "**Yes**" "**No**" or "**N/A**" in response to each statement below:

Yes No Was this an Internship, which led to permanent employment?

Yes No N/A For cases involving ongoing/extended support services, the individual has been approved for those services through Developmental Disability Services (DDS). If no, what extended services will be provided and who will pay for them?

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: _____