

# SE R8 (Eight Weeks Job Support) Milestone Forms List

## Required Case Documentation for Payment of [SE R8 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 SE R8 Milestone lasts more than one (1) month, email the form each month to DRS Counselor, submit separately from milestone documentation)
- ® **ESS-C-185** *Job Accommodation Form* (only if updated)
- ® **ESS-C-225** *Record of Hours Worked*
- ® **ESS-C-229** *Natural Supports Plan* (only if updated)
- ® **ESS-C-249** *Employee Satisfaction Survey*
- ® **ESS-C-398** *SE Authorization Request & Milestone Billing Form*
- ® **ESS-C-425** *SE R8 Milestone Report* (counts as final monthly update for SE R8 milestone)

## Required 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 prior to the first (1<sup>st</sup>) day of work) (for re-placement)
- ® **ESS-C-185** *Job Accommodation Form* (for re-placement)
- ® **ESS-C-229** *Natural Supports Plan* (for re-placement)

**Legend: ® = Required**

**® = required, if applicable**

**[SE R8 Forms List](#)**

# Record of Hours Worked

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							
<b>Pg. 1 Total Hours:</b>							
<b>Weekly Comments:</b>							

# Record of Hours Worked

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

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Day	Date						
1							
2							
3							
4							
5							
6							
7							
<b>Pg. 1 Total Hours:</b>							
<b>Weekly Comments:</b>							

# Record of Hours Worked

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							
<b>Pg. 1 Total Hours:</b>							
<b>Weekly Comments:</b>							

# Record of Hours Worked

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							
<b>Pg. 1 Total Hours:</b>							
<b>Monthly Total Hours:</b>							
<b>Weekly &amp; Milestone/Service Completion Comments:</b>							

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

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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: \_\_\_\_\_

# R8 (8-weeks Employment) Milestone Report

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
*Include Area Code* *Include Area Code*

Contract:  **R8** Supported Employment  **R8** Highly Challenged

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**(Complete using on-site observations, individual's reports, off-site contacts, employer contacts, etc.)**

Please summarize the individual's level of performance during this milestone:

List strengths identified by the employer, EC or individual and relate how they are being reinforced:

List the areas identified by the employer as needing improvement. Describe steps taken to address the issue(s):

List training and supports provided to assist the individual with maintaining employment:

Comment on how the individual interacts with supervisors and co-workers:

Select "**YES**" "**NO**" or "**N/A**" in response to the items below:

Was the **ESS-C-185**—*Job Accommodation Form* updated and submitted to DRS Counselor?  
Yes No N/A

During the four (4) weeks of this milestone weekly hours worked were \_\_\_\_\_, which is \_\_\_\_\_% of the Weekly Work Goal of \_\_\_\_\_ hours on the IPE. Exceeds 40%  Yes  No  N/A

Contractor: \_\_\_\_\_ EC Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

# Supported Employment (SE) Authorization Request & Billing Form

Contractor Name: \_\_\_\_\_

Employment Consultant: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

## Authorization Request Section

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization. **Note: PL** begins day after authorization or previous milestone. **R4** starts the same day as the start date of employment.

<b>Milestone</b>	<b>Regular Rate:</b>	<b>Highly Challenged Rate:</b>
Assessment (AS) Milestone	<b>M1-SE-REG or HC</b> \$625	\$625
Vocational Preparation (VP) Milestone (Opt)	<b>M2-SE-REG or HC</b> \$ 625	\$625
Placement (PL) Milestone (See <b>Note:</b> above)	<b>M3-SE-REG or HC</b> \$1,688	\$3,125
4 Weeks Job Retention (R4) Milestone ( <b>Note:</b> above)	<b>M4-SE-REG or HC</b> \$2,250	\$1,875
8 Weeks Job Retention (R8) Milestone	<b>M5-SE-REG or HC</b> \$1,688	\$1,875
Stabilization (ST) Milestone	<b>M6-SE-REG or HC</b> \$2,125	\$2,125
Successful Employment (EM) Milestone	<b>M7-SE-REG or HC</b> \$2,875	\$4,125

**FOR DRS USE ONLY** Authorization Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## Milestone Billing Section (billing limit 1 milestone at a time)

Milestone Begin Date: \_\_\_\_\_

Milestone End Date: \_\_\_\_\_

Employment Begin Date: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Authorization Date: \_\_\_\_\_

<b>Milestone</b>	<b>Regular Rate:</b>	<b>Highly Challenged Rate:</b>
Assessment (AS) Milestone	<b>M1-SE-REG or HC</b> \$625	\$625
Vocational Preparation (VP) Milestone (Opt)	<b>M2-SE-REG or HC</b> \$ 625	\$625
Placement (PL) Milestone (See <b>Note:</b> in section below)	<b>M3-SE-REG or HC</b> \$1,688	\$3,125
4 Weeks Job Retention (R4) Milestone ( <b>Note:</b> below)	<b>M4-SE-REG or HC</b> \$2,250	\$1,875
8 Weeks Job Retention (R8) Milestone	<b>M5-SE-REG or HC</b> \$1,688	\$1,875
Stabilization (ST) Milestone	<b>M6-SE-REG or HC</b> \$2,125	\$2,125
Successful Employment (EM) Milestone	<b>M-7-SE-REG or HC</b> \$2,875	\$4,125

**Person submitting Form:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**FOR DRS USE ONLY** Paid Date: \_\_\_\_\_ by \_\_\_\_\_.