

Supported Employment Transition to Long Term Support Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted within 5 days of the end of service or previous month if service is continuing.

Report Month (Month)	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
Invoice Amount	Counselor/DVR Staff Contact Name

Effective date (beginning of the following month) of transfer to Long Term Support and end of DVR funding

Discussion of transfer of support if there will be a new Service Provider:

Discussion of resources and referral process for consumer if service needs change:

Employer Contact Information	Name of Supervisor
Employment Start Date (First day on the job)	Wage
	Hours
	Benefits
Job Duties	Job Title

Describe the discussion had with the consumer regarding impact on social security benefits eligibility

Detailed description of the supports requested by the consumer

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Date/Hours	Type of Support-	Individual who	Sequencing	Work	Other
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	Task Behavior	will provide support		Quality/Accuracy	

***DVR should be notified if consumer stops working within the 90-day follow-along period.

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