

## Retention Report

**Only use when SI is not authorized, except the final month of Retention, when both are required**

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 five (5) days of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

Report 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	
Start Date	Purchase Order (PO) Number	
General Job Development Customized Employment	Supported Employment Internship/Temporary Work	Individual Placement Support Student Work Based Learning
Job Title		
Employer Name		
Employer Street Address		
City	State	Zip Code
Check the box that applies: Month 1      Final Month Month 2      Additional month (if approved)		
Has wage verification been obtained?      Yes      No If not, please describe efforts to obtain it.		

**Interactions with Consumer (once every two weeks at minimum), Employer, and DVR staff during retention period**

Date	Duration	Method of contact (excluding text messages)	Content of Meeting

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**Use this section to provide detail about the consumer's progress toward retention. Address progress and barriers in relation to the following topics: attendance, wages, scheduling, and training. The activities described in this section should correspond to the Job Supports Plan detailed in the Job Hire report.**

Description of progress.

Description of current and updated barriers **and the action plan to address those barriers.**

Services provided to employer/worksite (for example, explanation of provider role, strategies shared to promote independence, improve performance, modes of support responsive to individual communication and learning style).

Skills/Certifications gained while on the job.

Communication plan for employer to contact provider as needed.

Specific requests from the employer and how they are being addressed.

What have we learned about the consumer's performance on the job through retention efforts (consumer, employer, and provider insights)?

**Please add any additional information after this line.**

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