SUPPORTED EMPLOYMENT - JOB PLACEMENT INFORMATION
Date:
DR383 (Rev. 02/08)

| SE Service Provider Name \& Address: |  | Consumer: |  | UCI \#: |
| :---: | :---: | :---: | :---: | :---: |
|  |  | DOR Counselor: |  | DOR District: |
| Employer/Work Site Name \& Address: |  | $\square$ Individual $\quad \square$ Group |  |  |
|  |  | Job Title: |  | Start Date: |
| Employer Phone Number: | Supervisor Name: |  | \# Employees <br> Non-Disabled | Worksite: <br> Disabled |

Wage: $\qquad$ per $\qquad$
Who is paying consumer? $\square$ Employer
$\square$ SE Service Provider Is this customary wage?$\square$ Ye $\square$ No Benefits: $\square$ Medical $\square$ VacationSick Leave Are these customary benefits? $\square$ $\square$ No If not, is consumer expected to earn customary wage/benefits by case closure? $\square$ Yes $\square$ No $\square$ Not Applicable Work Schedule (indicate work hours; example: 9am-2pm):

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Transportation funded by: $\square$ DOR $\quad \square$ Regional Center $\square$ Other:

Travel: Mode of travel: $\qquad$ Number minutes one way: $\qquad$ Job Description:

Consistent w/ Job Placement Parameters (see DR381)?
Consistent w/ Functional Capacities (see DR381)?
Accommodations Needed (not including job coaching)?
$\square$ No $\square$ YesNo If Yes, describe:

Job Coaching Plan/Services Recommended: (must include job coach hours needed)

Additional Needs: $\square$ Clothing $\square$ Tools $\square$ Adaptive Technology $\quad \square$ Reporting of Wages $\quad \square$ Other
Description (request DOR authorization, if needed): Description (request DOR authorization, if needed):

| SE Service Provider Signature: <br> S | Email Address: | Phone Number: | Date Signed: |
| :--- | :--- | :--- | :--- |
| Distribution: $\square$ DOR District Office (with Invoice) $\quad \square$ DOR Counselor (via email or fax, see DR381) | $\square$ Regional Ctr. |  |  |

NOTICE This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

