

## **Supported Employment Long-Term Support Plan**

### **90-Day Stable Employment Summary**

(This plan needs to be developed by the individual's team if this person will receive Long-Term Support Services funded by a Medicaid waiver.)

Supported Employment Provider	
Name of Consumer	
Employer	
Job Title or Function	
Wage per Hour	
Hours per Week	

### **Frequency and Description of On-Site Services/Supports provided by the Employment Specialist:**

What, if anything, do you do with and/or for the employee regarding job tasks? How do you plan to shift these tasks to employee and/or natural supports? How often, and in what way, will you follow up with employee and employer? Please provide as much detail as you can with your answers:

### **Frequency and Description of Off-Site Services/Supports provided by the Employment Specialist and other service providers:**

Name, role, type of service, and frequency needed.

Examples: transportation, assistance at home, therapies, Employment Specialist following up about job off site/email/phone. Please provide as much detail as you can with your answers:

**Description of Natural Supports on the Job:**

Be specific - Name, title/role, type of support, description, and frequency needed. Please be very detailed in answering this information as this will assist with future planning for the consumer:

**Other Important Information:**

Anything else that may be needed to support employee. Examples: safety concerns, criminal history expungement, special medication considerations, etc. Please list current and/or future concerns in assisting the consumer. Be as specific as you can with your information:

**Consumer’s Future Employment Goals:**

These should be person centered and will change over time. Examples: developing relationships at work, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc. Please be as specific as you can in answering this section:

**How was input obtained for this plan?**

Name and role of those involved.

Examples: employee, employment specialists, guardian, other support people, team members, etc. Please indicate those individuals and their role that have assisted with this process:

**Employment Specialist Signature:** \_\_\_\_\_

**Printed Name of Employment Specialist:** \_\_\_\_\_

**Date:** \_\_\_\_\_