EMPLOYMENT SUPPORT AND RETENTION PLAN

State Form 56050 (R2 / 12-18)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
VOCATIONAL REHABILITATION (VR) SERVICES

Date submitted (month, day, year):				Plan covers the following three (3) months:			
Participant Information				Participant:			
Contact		Alternate		VR Identification		Job Start Date	
Information:		Contact:		Number:		(month, day, year):	
Employer:		Job Title:		Hourly Wage:		Weekly Hours:	
Team Information							
VR Counselor (VRC):		VRC Contact Information:					
Provider Name:		Employmer (EC):	nt Consultant			Contact Information:	

Plan of Services

Describe how you will support the participant becoming stable. These services include anything you are teaching at the work site, or at a different location, to help the participant gain the skills necessary to be stable. This may also include coordinating the participant's support team, and coordinating natural supports so the EC may fade. As you add to or modify the plan, include dates.

Date of Plan (month, day, year)	What will you teach?	Location	What strategies and supports will you use to teach?	Who will provide support?	How will you track progress?