

SUPPORTED EMPLOYMENT(SE) - JOB PLACEMENT INFORMATION

Date: _____

DR383 (Rev. 01/17)

SE Service Provider Name & Address:		Consumer:	UCI #:
		DOR Counselor:	DOR District:
Employer/Work Site Name & Address:		<input type="checkbox"/> Individual <input type="checkbox"/> Group, DR297JC hereby requested.	
		Job Title:	Start Date:
Employer Phone Number:	Supervisor Name:	# Employees at Worksite:	
		Non-Disabled	Disabled

Wage: _____ per _____ **Hours per Week:** _____ **Probation Period:** _____
Who is paying consumer? Employer SE Service Provider **Is this customary wage?** Yes No
Benefits: Medical Vacation Sick Leave **Are these customary benefits?** Yes No
 If not, is consumer expected to earn customary wage/benefits by case closure? Yes No Not Applicable

Work Schedule (indicate work hours; example: 9am-2pm):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Transportation funded by: DOR Regional Center Other:

Travel: Mode of travel: _____ Number minutes one way: _____

Job Description:

Consistent with Job Placement Parameters (see DR381)? Yes No

Consistent with Functional Capacities (see DR381)? Yes No

Accommodations Needed (not including job coaching)? Yes No

If Yes, describe:

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

Additional Needs: Clothing Tools Adaptive Technology Benefits Counseling
 Wage Reporting Other

Description (request DOR authorization, if needed):

SE Service Provider Signature: 	Email Address:	Phone Number:	Date Signed:
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Distribution: DOR District Office (with Invoice) DOR Counselor (via email or fax, see DR381) Regional Center

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