

## Hire Report

Please review the Technical Specifications and Fee Schedule for additional service information. Report must be submitted within 5 days of the job hire

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	
Purchase Order (PO) Number		
<input type="checkbox"/> General Job Development <input type="checkbox"/> Customized Employment	<input type="checkbox"/> Supported Employment <input type="checkbox"/> Internship/Temporary Work	<input type="checkbox"/> Individual Placement <input type="checkbox"/> Student Work Based Learning
Job Title		
Employer (Company) Name and Address		
Hourly Wage	Hours per week	
Hire Date (Date of accepted job offer)	Start Date (Date consumer starts work)	
What benefits are provided/offered and start date: (health insurance, 401K, vacation/sick leave, etc.)		

### Position Description

Note: This section is not required if a position description or offer letter with the same information is attached.

Supervisor Name and Contact Information
Job Duties
This position is: <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary If either box is checked, did the consumer and DVR agree to this type of employment? Please explain:
Consumer skills, credentials, education already present for consumer that assisted with hire.

Before submitting an invoice for payment of hire, the service provider is required to discuss the employment opportunity, including if the employment is in a competitive and integrated setting, with DVR staff for review and approval. Provide a brief description of the discussion that occurred.

Is a position description from the employer attached to this hire report?

Yes No

If No, please explain:

### Job Supports Plan After Job Start

**Review the initial job supports plan included in the Job Development Plan and discuss adjusting the plan to suit the job at hire. Include details in each section below.**

How would the consumer like to be contacted?

In-person in the community

In-person at the job site

In-person at an agency

Phone call

Text

Email

How often does the consumer wish to be contacted?

If service provider staff is not available, who can the consumer and or the employer contact?

Phone Number:

Did the DVR consumer give permission to the service provider to directly contact the employer? Explain any limits, contact standard and anything else identified by the consumer including discussion of disclosure of disability.

Describe discussion(s) with the employer to include: Assistance from the provider or employer, the role of provider and DVR and when to contact for assistance, strategies to promote independence and encourage quality job performance, consumer specific strategies, (Support plan, communication, and learning style)

Describe the following: What is the status of the consumer's hours, wages, and schedule? What training has been provided and progress made? Have there been problems at work? What strategies have been used or discussed? Have there been any other issues identified?

Are any other services or supports needed to be successful on the job?

Who will help the consumer report wages to Social Security if the consumer needs help?

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

---