

SERVICE DETAILS Provider Name Individual's Name IPE Goal Direct Service Staff Name(s) and Initials Person Completing Report VR Counselor/Contractor

JOB SEARCH ASSISTANCE PART I & JSA PLAN INVOICE & REPORT

| Authorization # | |
|-----------------------------|--|
| Provider Invoice # | |
| | |
| Bilingual and ETA rate | |
| Invoice Date | |
| Service Start & Service End | |
| Invoice Total | |

Performance Based and Supported Employment Job Search Assistance (Parts) shall be inclusive of all job search activities including but not limited to activities involving contacting businesses, preparing for interviews, and attending interviews with Participants. Part I shall be paid upon reaching these deliverables:

- 1) Job Search Preparation (JSP) including interview skills preparation;
- 2) approval of the resume:
- 3) approval of the mock application, if requested;
- 4) Registration of the participant with Ohio Means Jobs (OMJ);
- 5) completion of the Job Search Assistance Plan, and;
- 6) the "Kick-Off" meeting.

Text size will automatically adjust when you tab to the next field. If you need more space for the narrative, please move to the next line and omit the date, ETA Level, Contact Type, and Staff Initials.

| Date | ETA Level | Narrative Narrative Narrative | Contact Type | Staff Initials |
|------|--------------|-------------------------------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



SERVICE NARRATIVE

| SERVICE DETAILS | |
|---|--|
| Provider Name | |
| Individual's Name | |
| IPE Goal | |
| Direct Service Staff Name(s) and Initials | |
| Person Completing Report | |
| VR Counselor/Contractor | |

| Authorization # | |
|--------------------|--|
| Provider Invoice # | |
| Invoice Date | |

Text size will automatically adjust when you tab to the next field. If you need more space for the narrative, please move to the next line and omit the date, ETA Level, Contact Type, and Staff Initials.

| Date | ETA Level | Narrative Narrative | Contact Type | Staff Initials |
|------|--------------|---------------------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



JOB SEARCH ASSISTANCE PLAN

INSTRUCTIONS: The Job Search Assistance Plan should be completed prior to initiation of the job search. Provider and Individual will review/update the Job Search Assistance Plan during their meetings but at a minimum of at least every sixty (60) days. The Job Search Assistance Plan must include the responsibilities of the Job Developer and Individual, list specific positions and employers that Individual would like to pursue and establish the frequency and method of contacts between Job Developer and Individual.

Providers must submit a copy of the Job Search Assistance Plan and an editable version of Individual's resume (e.g. MS Word) with the Part I Invoice. Providers are also requested to email a copy of the resume directly to the VR Counselor/Contractor one week prior to the Kick-Off meeting to review and should record the date of the resume approval on the Job Search Assistance Plan.

| GENERAL INFORMATION | |
|---|---|
| Individual's Name | |
| Provider Name | |
| Job Developer(s) Name(s) | |
| VR Counselor/VR Contractor Name | |
| EMPLOYMENT NEEDS (Review | "Referral to Community Rehabilitation Program") |
| Employment Goal | |
| Wage Goal/Need | |
| Hours Goal/Need | |
| Benefits Goal/Need | |
| (e.g. Medical Insurance, etc.) | |
| Individual's Preferred Employers/Positions | |
| | |

Updated 10-01-24 Form 6

| EMPLOYMENT NEEDS (Review | "Referral to Community Rehabilitation Program") |
|---------------------------------------|---|
| Individual's Preferred Job Now | |
| Employers/Positions | |
| | |
| | |
| POTENTIAL VOCATIONAL BA | RRIERS |
| (Review "Referral to Community Re | habilitation Program") |
| Transportation Plan (If applicable) | |
| | |
| | |
| | |
| | |
| | |
| Child/Elder Care Plan (If applicable) | |
| | |
| | |
| | |
| | |
| Criminal History | |
| , | |
| | |
| | |
| | |
| Substance Use History | |
| Substance Ose mistory | |
| | |
| | |
| | |
| | |
| Other Concerns | |
| | |
| | |
| | |
| | |
| | |
| | 1 |

Form 6

Updated 10-01-24

| CONTACT/MEETING PREFERENCES | | |
|--|--|--|
| Preferred Method(s) of Contact | | |
| Preferred Meeting Location(s) | | |
| | | |
| Meeting Frequency (Times Per Month) | | |
| Members of Team (If Supported Employment) | | |
| Ongoing Support After Successful Placement (If Supported Employment) | | |
| JOB SEARCH PREPARATION | | |
| OMJ Registration Verification (Date) | | |
| Resume/Mock Application Reviewed with Individual (Date) | | |
| Resume/Mock Application Approved by VR Counselor/ Contractor (Date) **editable resume must be submitted with JSA Plan & Part I billing | | |

Updated 10-01-24 Form 6

| JOB SEARCH PREPARATION | |
|--|--|
| Individual's Self-Assessment of | |
| Interviewing Skills | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Summary of Job Search | |
| Preparation (Including how to address specific barriers e.g. | |
| criminal history, gaps in | |
| employment, etc.) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Summary of discussion on how to | |
| disclose disability and request | |
| reasonable accommodations. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| JOB SEARCH PREPARATION | |
|--|--|
| JOB SEARCH PREPARATION Summary of instruction on how to identify potential job leads (e.g. networking, newspapers, electronic job boards, telephone books, etc.) | |
| Summary of Social Media Discussion | |
| Summary of Social Media Discussion | |
| Mock Interview (Summary & Date) | |
| | |
| | |

| RESPONSIBILITIES | |
|--|---|
| Job Developer Responsibilities | |
| Individual's Responsibilities (e.g. Individual will identify three potential employers per week, etc.) | |
| OTHER CONCERNS/INFORMAT | TION |
| | ved with Individual and support team during Kick-Off meeting. |
| JOD Search Assistance Flan was review | red with individual and support team during Rick-On meeting. |
| Kick-Off Meeting Date: | |
| The Individual named on the Job Search | h Assistance Plan agreed to the Job Search Assistance Plan |
| via: | |
| On this Date: | |