

Placement Support Plan

(To be completed after job has been developed – to be reviewed and updated as needed)

Name: _____ Employer: _____

What types of supports will the Individual need following job placement? (check all that apply)

Type of Support	Assistance/Coordination Provided By
<input type="checkbox"/> - On-site support/job coaching	
<input type="checkbox"/> - Regular contact with employer	
<input type="checkbox"/> - Transportation assistance	
<input type="checkbox"/> - Assistance with grooming & hygiene	
<input type="checkbox"/> - Medication	
<input type="checkbox"/> - Reporting earnings to Social Security	
<input type="checkbox"/> - Therapy	
<input type="checkbox"/> - Supervision during non-work hours	
<input type="checkbox"/> - Communication with residential/family	
<input type="checkbox"/> - Other (please specify):	

- **Summary of support to be provided by agency:**

- **Summary of support to be provided by residential:**

- **Summary of support to be provided by family**

- **Summary of support to be provided by other resources (state agency, therapist, peers, employer, etc.)**

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What are the current support gaps and barriers?

What is the plan to overcome them?

Signatures of:

Individual: _____

Agency Staff: _____

Other(s) in support roles: _____

Date: _____