

Kentucky Office of Vocational Rehabilitation

OVR SE 3-Job Acquisition Report

Instructions

The purpose of this form is to record information about the consumer's job once they obtain it.

Basic Information

Consumer Name	Enter the first and last name of the consumer.
Counselor Name	Enter the first and last name of the counselor.
Provider Name	Enter the name of the CRP providing the services.
Employment Specialist Name	Enter the first and last name of the employment specialist from the CRP.
Number of hours the consumer works monthly	Enter the number hours that the consumer works each month.
Estimated hours needed monthly for on and off site supports	Enter the estimated hours that the employment specialist needs each month for on and off site supports.

Employment Information

Employed/Start Date	Enter the month, day, and year or manually enter the date using MM/DD/YYYY format that the consumer was employed and/or started the job.
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Days working per week

Enter the number of days the consumer is expected to work each week.

Hours working per week

Enter the number of hours the consumer is expected to work each week.

Hourly Wages/Salary

Enter the wages per hour or the salary per year for the consumer.

Does this wage qualify for a CRP Bonus Payment? (Choose one)

Select whether this wage qualifies for a CRP Bonus Payment.

Employer

Enter the name of the employer.

Employer Address

Enter the address of the employer.

Supervisor/Contact Person

Enter the name of the consumer's supervisor or a contact person with the employer.

Job Description Attached (Choose one)

Select whether the job description of the consumer is attached to this form.

If no, please give a description of the job

If the employment specialist doesn't have a job description, write a good description of the job.

Does the job match the consumer's IPE goal? (Choose one)

Select whether the job matches the consumer's IPE goal.

If no, contact the counselor to discuss an amendment.

Does this job match the consumer's interests?

Select whether the job matches what the consumer is interested in.

If no, explain why this job was acquired for the consumer?

If the job doesn't match what the consumer is interested in, explain why this job was pursued and acquired for the consumer.

Employer Benefits (list all that apply)

Enter all the employer benefits for the job.

Is the employer paying at least 51% of medical insurance? (Choose one)

Select whether the employer is paying at least 51% of the medical insurance for the consumer.

Support Information

What on-site supports do you plan to provide to the consumer?

Enter the on-site supports that the employment specialist plans to provide to the consumer.

What off-site supports do you plan to provide to the consumer?

Enter the off-site supports that the employment specialist plans to provide to the consumer.

How do you plan to identify natural supports?

Enter how the employment specialist plans to identify natural supports on the job?

Other important information

Enter any other important information not covered on the form. Please do not be repetitive.

Submit this form to the OVR counselor when it is complete.