

Placement Report

Client Name: Click or tap here to enter text.	Employer: Click or tap here to enter text.
Client Address: Click or tap here to enter text.	Employer Contact: Click or tap here to enter text.
City/State/Zip: Click or tap here to enter text.	Employer Address: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.	Employer Phone Number: Click or tap here to enter text.
Social Security Number: Click or tap here to enter text.	Employment Start Date: Click or tap here to enter text.
Referring IVRS Counselor: Click or tap here to enter text.	Position Title: Click or tap here to enter text.
Employment Coordinator: Click or tap here to enter text.	Hours Per Week: Click or tap here to enter text.
Job Developer: Click or tap here to enter text.	Work Schedule: Click or tap here to enter text.
Job Coach: Click or tap here to enter text.	Current Pay Rate: Click or tap here to enter text.
Funding Source: (Mark all that apply) <input type="checkbox"/> Ticket to Work <input type="checkbox"/> HAB <input type="checkbox"/> IVRS <input type="checkbox"/> Dept. for the Blind <input type="checkbox"/> Bundle <input type="checkbox"/> HCBS <input type="checkbox"/> Other: Click or tap here to enter text.	Job Tasks: Click or tap here to enter text. Fringe Benefits: Click or tap here to enter text.

Dress Code: Click or tap here to enter text.

Work Transportation: Click or tap here to enter text.

Job Developer Signature Click or tap here to enter text. **Date** Click or tap here to enter text.