

IPS Job Start Form

Client Name:	Employer:
Client Address:	Employer Address:
City/State/Zip:	Employer Phone Number:
Phone Number:	Supervisor:
Social Security Number:	Employment Start Date:
IVRS Counselor:	Position Title:
IPS Employment Specialist:	Hours Per Week:
IHH Care Coordinator:	Work Schedule:
Therapist/Case Manager/Provider/Etc:	Current Pay Rate:
Funding Source: (Mark all that apply) <input type="checkbox"/> HAB <input type="checkbox"/> Region <input type="checkbox"/> IVRS <input type="checkbox"/> Awaiting Funder <input type="checkbox"/> Other:	Union Position?
	Job Tasks:
	Fringe Benefits:

Services/Forms -Revised 6/27/2023

Client Name:

Member ID#:

DOB:

Dress Code:

Work Transportation:

Does client want or need on the job coaching? If so, what is the plan?

Does client feel this is the right job for them?

Why or why not?

Benefits Planning:

List benefits & entitlements (SSI, SSDI, SNAP, Medicaid, Housing Subsidies, Veteran's Benefits, Retirement from previous job, etc.):

How will earnings from job be reported and by whom?

Disclosure:

Does ES have permission to speak to client's supervisor?

Has client signed release of information?

What information is ES allowed to share with supervisor?

What information is not allowed to be shared?

Client Signature

Date:

Employment Specialist Signature

Date:

Client Name:

Member ID#:

DOB: