

**Original Date:**

**Date of Most Recent Update:**

**Job Keeping Plan Template**

This plan is to be developed in partnership with a member who is already working in Competitive Integrated Employment (CIE). This plan is to be developed with input from the Care Team, natural supports, and the Job Coach, if one is already working with the member.

1. **Member Information**

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| --- | --- |
| Name:  Address: | Phone:  🞏 Already in CIE (check when eligibility verified by CRC) |

1. **Residential Provider Information**

|  |  |
| --- | --- |
| Residential Agency:  Name of Staff Person Completing Template: | Staff Person Cell Phone:  Staff Person Email: |

1. **Source for Employment Supports (if utilized by member to maintain CIE)** 🞏 ***OR check here,* if *not utilized currently***

|  |  |
| --- | --- |
| Name of Inclusa Supported Employment Provider:  Other Inclusa Provider of employment supports: 🞏 Self Directed Supports (SDS)  🞏 Supportive Home Care (SHC) | Key Contact Phone/Email: |

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| **Connections** | 1. **Network of Support:**   *Who in the member’s life can help create this Job Keeping Plan to assist the member in maintaining their employment?* |

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| --- | --- | --- |
| **Key People to Engage** | **Name(s) and Contact Information** | **Supportive of Plan**  *check to indicate those identified are informed/engaged & supportive of this plan* |
| Individual Member | \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* | 🗆 |
| Legal Guardian |  | 🗆 |
| Inclusa CRC |  | 🗆 |
| Job Coach **\*** *(if involved)* |  | 🗆 |
| Prevoc Provider  *(if involved)* |  | 🗆 |
| DVR Counselor  *(if involved)* |  | 🗆 |
| Family Members  *who are very involved with Member* |  | 🗆 |
| Friends  *who are very involved with Member* |  | 🗆 |

***\* If Job Coach from another agency is involved, be sure to communicate and coordinate on this Job Keeping Plan. Obtain and/or confirm information that may already be in Support Plan created by Job Coach. Do not duplicate what the Job Coach is doing. Instead do other things that are important and will help the member keep his/her employment: Do things the Job Coach does not have time to do, or is not in scope of Job Coaching service.***

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| *Head with gears*Thumbs up sign*Money* | 1. **Employment Check-in** |

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| --- | --- | --- | --- | --- |
| **How Satisfied or Happy are You with:** | **On a scale of 1 (very happy) to 3 (unhappy), how satisfied are you with:** | | **Comments** | |
| **The type of work you do** |  |  | |
| **Your boss or supervisor(s)** |  |  | |
| **Your co-workers** |  |  | |
| **Atmosphere or environment where you work** |  |  | |
| **Your Job Coach support**  *Are you getting the support you need?* |  |  | |
| **Hours worked per week**  *Are you working enough hours? Any concern that your hours may be reduced?* |  |  | |
| **Your job tasks**  *Are they interesting & challenging for you? Are you struggling with any job tasks?* |  |  | |
| **Your schedule**  *How happy are you with the days and times that you work? Any concerns you won’t be able to keep up with schedule?* |  |  | |
| **Rate of pay**  *How satisfied are you with your wage?* |  |  | |

**What do you love or like best about your job?**

**What challenges do you have at work, if any?**

*Difficulty with tasks, boredom, new supervisor,*

*friction with co-workers, stress/anxiety, etc.*

1. **Quick Self-Assess for Residential Provider –** *Think about the support your residential staff is currently providing the member to help them keep their job. In the following areas (See the Job Keeping Support & Activities list for more details), how well is your residential staff doing in supporting the member to keep their employment?*

***Comments***

**Needs**

**Excellent Doing OK attention**

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| --- | --- | --- | --- |
| 🞏  🞏  🞏  🞏 | 🞏  🞏  🞏  🞏 | 🞏  🞏  🞏  🞏 | Meeting day-to-day expectations of the job  Supporting communication & self-determination  Helping person stay healthy, balanced & positive  Maintaining motivation to keep working |

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| --- | --- |
| **Users** | **7. Job Keeping Action Plan and Log Check One:** 🞏 ***Job Coach involved*** \*\* 🞏 ***No Job Coach involved***  *\*\*If a Job Coach is involved, talk through what support is most needed* ***in addition to what the Job Coach is doing****. Communicate as the person continues in his/her job, address issues that arise and coordinate efforts.* ***Keep the individual member involved and informed.*** *In addition to doing things to help the member* ***keep their job****, do things to keep the member* ***motivated and excited*** *about continuing their employment.* |

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| **Action Steps for the Residential Agency** | *List all job keeping support activities the Residential Agency is committing to provide* | **Date(s) of Support** | **Approximate**  **Time Spent**  *On each date* |
|  | |  |  |
| 2) | |  |  |
| 3) | |  |  |
| 4) | |  |  |
| 5) | |  |  |

***Attach pages to this plan as needed***

|  |  |  |  |
| --- | --- | --- | --- |
| **Users**   1. **Job Keeping Action Plan and Log (continued)** | |  |  |
| **Action Steps for the Residential Agency** | *List any job keeping support activities the Residential Agency is committing to provide* | **Date(s) of Support** | **Approximate**  **Time Spent**  *On each date* |
| 6) | |  |  |
| 7) | |  |  |
| 8) | |  |  |
| 9) | |  |  |
| 10) | |  |  |
| 11) | |  |  |
| 12) | |  |  |
| 13) | |  |  |
| 14) | |  |  |
| 15) | |  |  |

***Remember:*** *All activities are person-centered and aim to engage the member fully in building the his/her skills, confidence, & motivation to stay employed.* ***Attach pages to this plan as needed.***

April 2020