

STATUS 26 CLOSURE DOCUMENTATION

Client: _____

Employment Start Date: _____

26 Date: _____

Position: _____

Company: _____

Wage: _____

Comparable benefits provided (Yes or No)

Describe comparable benefits provided if yes: _____

Additional services needed (Yes or No)

Stability on the job achieved (Yes or No)

Post-employment discussed (Yes or No)

List substantial services provided:

Describe how VR services contributed substantially to this employment outcome:

Describe how the employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice:

Describe the direct contact made between the counselor and client to discuss whether closure is appropriate:

The counselor and the client consider the employment outcome to be satisfactory. Describe the client's views:

The counselor and the client agree that the client is performing well on the job. Describe the client's views:

Supported employment only: Describe how the client's performance meets the criteria for job stabilization defined in the IPE, opportunities for integration on the job, and how the community service system has assumed responsibility for adequate extended support services.

Closure letter checklist (place an X in the appropriate choice):

_____ Titled IPE Amendment

_____ States services provided

_____ States start date of job

_____ States specific employment outcome & place of employment

_____ States client views

_____ Lists appeal rights including CAP

Counselor signature/date

Supervisory signature/date