

Employment and Community First CHOICES Job Development Plan Template

This form is for individuals with a goal of wage employment. Do not use this form for individuals with a goal of self-employment.

1. Member information
Member name:
Member identification number:
2. Job development provider information
Provider name:
Provider identification number:
Job developer name:
Job developer cellphone:
Email:
Date authorization for job development plan received:
This job development plan should be informed by reports from any recently delivered individual integrated employment services (e.g., exploration, discovery, benefits counseling, situational observation and assessment, school-provided services, and vocational rehabilitation-provided services).

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

3. Who in the member's life can help with creating this job development plan? Who in the member's life can use their personal connections to assist the member to find employment?	
Key people to engage:	Name(s) and contact information:
Legally appointed conservator or guardian:	
Designated representative to assist with Medicaid-related decisions:	
Family members who are very involved with member:	1.
	2.
	3.
	4.
Friends who are very involved with member:	1.
	2.
	3.
	4.
Other members of the community:	1.
	2.
	3.
	4.
Other colleagues or allies of the wage employment facilitator:	1.
	2.
	3.
	4.

4. Employment goal(s) (“Appropriate” means fitting given the member’s interests and skills/abilities)			
Member’s strong interests applicable to wage employment: (List up to five)	Member’s most marketable skills and abilities related to each strong interest: (List all)	Examples of appropriate job duties/tasks that match the strong interests and related marketable skills and abilities of the member: (List all)	Examples of appropriate job titles (if customized employment is goal/need, write “customized position” in this column): (List all)
1.			
2.			
3.			
4.			
5.			
In order to ensure job development is focused enough to produce a successful outcome, list a maximum of five strong interests.			

5. Essential conditions and preferences for the member's employment success		
Type of condition:	Essential conditions necessary for success of the member:	Preferences: (Desired, but not essential)
Work schedule: (Hours, days and times of day)		
Work location/distance from home:		
Physical accessibility:		
Type of work environment:		
Supervisor traits:		
Co-worker traits:		
Reasonable accommodations:		
Employer flexibility:		
Personal care-related conditions:		
Job coach traits or training:		
Other types of conditions:		

6. Job development plan service log

Date service started:

Date service completed:

Complete a separate line for each job development plan service activity:

Date of service:	Activity and location:	Time spent completing activity: (In quarter hours, including travel time with person)	Staff travel time associated with activity: (In quarter hours, without person)	Staff miles driven: (During travel with and without the person)

7. Job development plan			
Examples of appropriate job duties/tasks that match the strong interests and related marketable skills and abilities of the member: (From section four above)	Examples of appropriate job titles (if customized employment is goal/need, write “customized position” in this column): (From section four above)	Names of local employers most likely to benefit from hiring the member (goal is no less than 20 businesses identified): Engage the member and the member’s family/friends in developing this plan. Consider local employers with whom the member and the member’s family/friends already have an existing connection.	
		1.	19.
		2.	20.
		3.	21.
		4.	22.
		5.	23.
		6.	24.
		7.	25.
		8.	26.
		9.	27.
		10.	28.
		11.	29.
		12.	30.
		13.	31.
		14.	32.
		15.	33.
		16.	34.
		17.	35.
		18.	36.

8. Order of priority for contacting identified employers

Complete this with input and guidance from the member and those closest to the member.

Using the list of local employers in section seven above, reorganize the employers in order of priority:

1.	13.	25.
2.	14.	26.
3.	15.	27.
4.	16.	28.
5.	17.	29.
6.	18.	30.
7.	19.	31.
8.	20.	32.
9.	21.	33.
10.	22.	34.
11.	23.	35.
12.	24.	36.

9. Job development tools to be utilized (check all that apply)

- Traditional resume
- Visual resume (including photos and/or video clips)
- Work-related references (from prior employment, work experience/internships, volunteering, etc.)
- Character references

Other notes and/or recommendations related to next steps:

Date submitted to Amerigroup Community Care:

Name of job developer who authored this report:

Signature of job developer who authored this report:

Report received by: (Name)

Report reviewed for adequacy and approved by: (Name)

Date report approved: