**IPS Job Start Form**

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| --- | --- |
| **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:**  **Union Position?** |
| **Funding Source:** (Mark all that apply)  **HAB**  **Region**  **IVRS**  **Awaiting Funder**  **Other:** | **Job Tasks:** |
| **Fringe Benefits:** |

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**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:**