**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:**       |

Services/Forms -Revised 6/27/2023

**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:**