**Name:**       **Date:**

**Employer:**       **Employer Address:**

**First Day of Employment:**       **Last Day of Employment:**

**Quit**  **Terminated**  **Laid Off**  **Position Eliminated**

|  |  |  |
| --- | --- | --- |
| Care Team: | Notified of Job Ending? | When/By Whom? |
| **IVRS/Case Manager:** | Yes  No |  |
| **Mental Health Practitioners:** | Yes  No |  |
| **Other(s):** | Yes  No |  |

**INFORMATION ABOUT JOB ENDING:**

**What, if any, changes occurred related to job duties, supervision, schedule, etc., after the job start?**

**How was the job different than you expected?**

**What job supports do you feel could have helped you maintain your employment?**

**What job supports does the IPS Specialist identify that could have been beneficial?**

**PERSPECTIVES ON JOB ENDING:**

**Person’s thoughts and perspectives regarding job end** *(include reason job ended)***:**

**Employer’s thoughts and perspectives regarding job end (if available):**

**IPS Specialist’s thoughts and perspectives regarding job end:**

**IVRS Counselor’s thoughts and perspective regarding job end:**

**Other (family, Care Team members, etc.):**

**BENEFITS & ENTITLEMENTS:**

**Check all benefits and entitlements received:** NO BENEFITS

|  |  |  |  |
| --- | --- | --- | --- |
| SSI | SSDI | Housing Subsidy | Food Stamps/SNAP |
| TANF | Retirement from previous job | VA Benefits | Were VA Benefits Combat Related? |
| Spouse or Dependent Child Receives Benefits | Medicaid  Waiver/HAB: | Medicare | No Benefits |
| Unsure which benefits they receive | Other Benefits: | | |

**How will the *job end and change in earnings* be reported to benefits and entitlements sources, and by whom?**

**DISCLOSURE UPDATE:**

**Did you choose to disclose during this work experience?** YES  NO

**If YES, what information was chosen to be shared?**

**What information was *NOT OK* to share?**

**Have your decisions regarding disclosure changed after this work experience?** YES  NO

**Disclosure preferences after job ending** (*If any preferences change – e.g., the person now chooses to disclose to potential/future employers – include what information is to be shared and not shared, or the what the person no longer wishes to disclose*):

**NO CHANGE IN DISCLOSURE PREFERENCES**

**PREFERENCES:**

**How have your job preferences changed? (**i.e.*are they still looking for work in the same field, do they want to try working at a different time of the day, do they need to find something more active? What new lessons did they learn from this job experience that will help inform their next job search?***)**

**Date IPS Job End Form sent to Mental Health Team:**

     

Job Seeker/Student Signature Date

     

IPS Specialist Signature Date