



STABILIZATION NOTIFICATION

State Form 56646 (12-18)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
VOCATIONAL REHABILITATION (VR) SERVICES

The participant, employment consultant, and VR counselor must communicate regarding stabilization prior to submission of this form.

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|---|------------|-----------------------------|------------------|
| Participant: | Amy Sample | Employment Consultant (EC): | Roger Rogers |
| Date of Submission (month, day, year): | 4/30/2019 | EC Contact Information: | 765-555-3333 |
| VR Identification Number: | 12345 | VR Counselor: | Johnny Counselor |

1. **Stabilization date** (month, day, year): 4/30/2019

2. **Has the participant reached his or her greatest level of independence?**

Monthly summaries should show that the participant has reached his or her greatest level of independence. Are natural supports in place? Will there be new tasks or hours? Has the EC faded supports as much as possible? Provide additional comments or notes below:

Amy has been working at the Welcome/Tourism Center since 3/18/19 and reports that she loves her job. EC spoke with the general manager at the center, who reports she is very pleased with Amy's work. Her main duties continue to be manning the front desk answering calls and greeting tourists and others arriving at the center. She also performs cashier duties when customers wish to purchase an item from the gift store on site. There have been no issues with Amy's performance and she reports she is satisfied with this job.

3. **Are there any concerns that may affect job retention? Now or in the future?**

Examples may include assistive technology or transportation. Other concerns may include health, benefits or behavior. Identify the concern(s) and plans to address each topic.

Amy has an upcoming round of medical procedures that will begin prior to her official earning of sick leave. However, her employer has agreed to be flexible with her schedule to allow her the time off she needs for these pre-arranged appointments.

4. **Will the participant use extended services to maintain employment? Please select all that apply:**

- No extended services needed
- Natural supports
- Bureau of Developmental Disabilities Services (BDDS) Extended Services
- VR Youth Extended Services*
- Other (please specify) Provide details.

***If seeking VR Youth Extended Services, please complete the following.** To be eligible for VR Youth Extended Services, a participant must be twenty-four (24) years old or younger, and have qualified for VR as most significantly disabled (MSD). To receive VR Youth Extended Services, the participant must be unable to receive support from any other source. If seeking this service, confirm the participant meets these conditions.

- Participant is twenty-four (24) years old or younger.
- Participant is most significantly disabled (MSD).
- Adequate natural supports are unavailable.
- No other funding options are available.

This section should be completed by the Vocational Rehabilitation Counselor. VR approval or communication of concerns regarding the stabilization date should occur within one (1) calendar week of form submission.

Stabilization Date Approved.

Stabilization Date Not Approved.

VR Counselor (*Signature*)