



**Tennessee Department of Human Services Vocational Rehabilitation Program
Extended Support Plan – Supported Employment (SE) or
Individual Placement and Support (IPS)**

Once you are performing your job duties to the best of your ability, your CRP will continue to provide ongoing supports for your employment for 90 days. If you are doing well in your job after 90 days and you agree that your employment is satisfactory, VR will close your case.

After VR closes your case, Federal regulations require extended services to provide ongoing supports to help you maintain employment. VR does not pay for extended services. Extended services may be provided by your CRP or by other persons and may include:

- Periodic (minimum of twice monthly) monitoring of your work performance.
- Assessment of your job satisfaction.
- Assessment of your employer's satisfaction with your work.
- Regular contact with family members, residence staff, coworkers and other appropriate individuals.
- Development of supports at your place of work that will help you maintain employment.

Customer's Name:		
Date of Birth:		SSN:
Employer Name and Address:		
Job Title:		
Date Started:		Hours/Week:
Hourly Wage:		Benefits: Y / N
Identified Support Need	Support Strategy (Include # of monitoring contacts needed per month)	Service Provider
1.		
2.		
3.		
4.		
5.		
6.		

TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Date of Last Review: 03/07/2024

Date of Next Review: 03/07/2027

HS-3327

Effective Date: 03/18/2024

RDA: 2117

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Extended Services Funding Sources

Medicaid Home & Community Based Waiver _____

State Appropriated Extended Supported Employment Service Funds _____

Other State/Local Resources (describe)

When was disclosure last discussed with the customer? _____

I have been informed of the availability of ongoing supports to help me maintain employment and agree with this extended support plan.

Customer Signature/Date

Family Member (if applicable) Signature/Date

CRP Signature/Date