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| SEAL31.TIF | **EMPLOYMENT SUPPORT AND RETENTION PLAN**State Form 56050 (R2 / 12-18) FAMILY AND SOCIAL SERVICES ADMINISTRATIONDIVISION OF DISABILITY AND REHABILITATIVE SERVICESVOCATIONAL REHABILITATION (VR) SERVICES |

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| Date submitted *(month, day, year)*: Select a date. | Plan covers the following three (3) months: Enter months here. |
| Participant Information | Participant: Enter participant name. |
| Contact Information: | Contact information. | Alternate Contact: | Alternate contact. | VR Identification Number: | VR ID. | Job Start Date *(month, day, year)*:  | Start date. |
| Employer: | Enter Employer. | Job Title: | Job title. | Hourly Wage: | Hourly wage. | Weekly Hours:  | Weekly hours. |
| Team Information |
| VR Counselor (VRC):  | VR Counselor. | VRC Contact Information: | VRC Contact Info. |
| Provider Name: | Provider name. | Employment Consultant (EC): | Employment consultant. | Contact Information: | Contact information. |

**Plan of Services**

*Describe how you will support the participant becoming stable. These services include anything you are teaching at the work site, or at a different location, to help the participant gain the skills necessary to be stable. This may also include coordinating the participant’s support team, and coordinating natural supports so the EC may fade. As you add to or modify the plan, include dates.*

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| Date of Plan *(month, day, year)* | What will you teach? | Location | What strategies and supports will you use to teach? | Who will provide support? | How will you track progress? |
| Date. | Identify the goal, skill, task, or behavior you are teaching. | Location | Examples of supports strategies include pictures, modeling, or task analysis. | Who will provide support? | How will you track progress? |
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