



MILESTONE PAYMENT VERIFICATION

State Form 56046 (R3 / 3-22)

FAMILY AND SOCIAL SERVICES ADMINISTRATION
VOCATIONAL REHABILITATION EMPLOYMENT

| | |
|--|-----------------------|
| Name of Participant | Identification number |
| Name of Vocational Rehabilitation (VR) Counselor | |
| Name of Provider | |
| Address of Provider (number and street, city, state, and ZIP code) | |

Please check the appropriate box below indicating which payment point has been achieved.

Milestone 1: Job Development and Placement **Cost: \$1,500**

Requirements

- Individual has maintained the job one (1) calendar week **Job Start Date (month, day, year):** _____
- Notice of Job Offer (NOJO) has been approved **NOJO Approval Date (month, day, year):** _____
- Placement information is updated as applicable (i.e. updated weekly hours, wages, schedule, etc.)

- Supports are in place as applicable

DATE MILESTONE WAS ACHIEVED (month, day, year): _____

Milestone 2: Support and Short-Term Retention **Cost: \$2,000**

Requirements

- Individual has maintained the job four (4) weeks **Job Start Date (month, day, year):** _____
- Employment Support and Retention Plan (State Form 56050) has been completed
- Placement information is updated as applicable (i.e. updated weekly hours, wages, schedule, etc.)

- Supports are in place as applicable

DATE MILESTONE WAS ACHIEVED (month, day, year): _____

Milestone 3: Retention [Ninety (90) days after Stabilization] **Cost: \$2,000**

Requirements

- Individual has retained employment for at least **Stabilization (Status 22) Date (month, day, year):** _____
ninety (90) days after achieving stabilization
- Placement information is updated as applicable (i.e. updated weekly hours, wages, schedule, etc.)

- Transfer to Extended Services documentation is completed and extended services are in place as applicable.

DATE MILESTONE WAS ACHIEVED (month, day, year): _____