

## Employment Assistance Monthly Progress Report:

Employment Provider Information:		
Employment Provider:		Tax ID:
Employment Assistance Specialist Name:		
First:	Last:	
Credentials:		
Service Units Authorized:		Service Units Used:
Requesting More Service Units: YES		NO
If YES, explain the need for more service units and how the units will be used:		
Member Identification Information:		
Member Name:		
First:	Last:	M.I.:
Member Medicaid ID Number:		Member Date of Birth:
Does Member have a legal Representative or Guardian: YES		NO
If yes, enter name of that person:		
Member Employment Goal:		
Has The member's goal changed? If so, explain why?		
Services Provided:		
Identify the Employment Assistance services provided (include dates and service units used):		
<input type="checkbox"/> Assessments <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Resume Building (attach completed Resume) <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Behavior Management <input type="checkbox"/> Vocational Training <input type="checkbox"/> Skills development <input type="checkbox"/> Time Management <input type="checkbox"/> Travel Training <input type="checkbox"/> Job Site Visits <input type="checkbox"/> Completed Job Applications (List employers where applications were submitted) <input type="checkbox"/> Completed Job Interviews with Potential Employers (List employers) <input type="checkbox"/> Travel <input type="checkbox"/> Other (please explain: _____) <input type="checkbox"/> Other (please explain: _____)		

Describe in detail the services identified above:

**Member Progress:**

Has the member obtained employment?                      YES                      NO

If yes, where is the member employed and when was the hire date?

Does this job match the member's employment goal? If not, explain why this placement was selected?

How many hours is the member working per week?

Is the member in need of Supported Employment?    YES                      NO

If employment has NOT been obtained, identify the member's progress in reaching his or her employment goal (including any challenges faced or overcome, supports stills needed, training/education needed, etc.):

What are the strategies and services in place to assist member in obtaining employment goal (including next steps in the process such as education/training, completing job applications, interviews, etc.):

How many service units are anticipated to be used to implement the above listed strategies?

**Member's current status:**

Please list and describe any changes in member's current status that may impact his or her ability to obtain employment; including living situation, medical status, transportation, financial/benefit status, and/or member's skills, capabilities and interest in employment.

**Signatures:**

I, the Employment Assistance/Supported Employment Specialist certify that:

- That all information included is accurate and up-to-date to the best of my knowledge
- I personally completed the assessment and all documentation
- I maintain credentials required for Employment Providers
- I have reviewed the information gathered on this form with the member and/or the member's legal guardian.

Printed Name of Employment Specialist (first and last)

Signature of Employment Specialist:

Date:

Please submit this completed form to the Employment Services Department at **employment\_services@uhc.com** or secure fax at **(844)244-3824**

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