



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.

Participant:	Don Dolittle	Employment Consultant (EC):	Jedi Greene
Date of Submission (month, day, year):	3/28/2019	EC Contact Information:	260-999-9999
VR Identification Number:	212144	VR Counselor:	Capri Sun

1. **Stabilization date** (month, day, year): 3/29/2019

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:

Don started work on January 10, 2019. He continues to meet with his mentor and work on coping strategies, and used them on the job. His on-site support has faded from 10 hours per week to 8 hours per month. New tasks are scheduled to be introduced at one per month.

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.

Don continues to struggle with his anxiety and continues to meet with his mentor to work on coping strategies. He needs to be checked on 3-4 times a month to monitor the use of those strategies in his work environment.

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. (please specify) Don requires assistance for copings skills, not available from NS
- No other funding options are available.(please specify) Confirmed with BDDS that Don is not eligible, no MRO

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)

