



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Employment Progress Report

The employment provider completes this form and submits to the assigned Developmental Disabilities Services Division (DDSD) case manager for entry of information in Client Contact Manager (CCM) employment screens. Use additional forms as necessary to include all supported program types.

Service recipient		Service month and year	
DDSD case manager			
Employment provider	Area code	Phone	
Person completing report		E-mail address	

Program description: Check applicable program type and complete program information below.

- **Center-based (CE)**, includes waiver funded and sheltered workshop.
- **Community-based (CO)**, includes all community-based activities.
- **Supported employment (SE)**, such as job coach, intensive training, community integrated employment (CIE) stabilization, natural supports initiative (NSI), and Oklahoma Department of Rehabilitation Services.

Placement type: Individual Group
 Hourly wage: \$ _____ Average weekly hours: _____
 Weekly schedule: _____
 Work duties: _____
 Start date: _____ End date: _____
 Level of average weekly job coach intervention: _____% in individual placement.

Employer/location: Complete separately for each program type, if applicable.

Organization		Department	
Street address		City	State Zip
Street or P.O. Box mailing address		City	State Zip
Supervisor	E-mail address	Area code	Phone

- **CE**, includes waiver funded and sheltered workshop.
- **CO**, includes all community-based activities.
- **SE**, such as job coach, intensive training, CIE stabilization, NSI, and Oklahoma Department of Rehabilitation Services.

Placement type: Individual Group
 Hourly wage: \$_____ Average weekly hours: _____
 Weekly schedule: _____
 Work duties: _____
 Start date: _____ End date: _____
 Level of average weekly job coach intervention: _____% in individual placement.

Employer/location: Complete separately for each program type, if applicable.

Organization		Department	
Street address		City	State
Street or P.O. Box mailing address		City	State
Supervisor	E-mail address	Area code	Phone

Name of each staff providing employment services per OAC 340:100-3-38.2:

All staff have been trained per DDSD policy and Individual Plan. Yes No
 If no, explain:

Outcome statement:

Progress summary of action steps to achieve outcome statement, including special recognitions, accomplishments, minor problems, and dates absent:

 Program manager/program coordinator signature Phone Date submitted

Routing: Original – DDSD case manager no later than 10th of each month