



TEXAS

Department of Assistive
and Rehabilitative Services

Division for Blind Services
Consumer Services Report:
Initial Placement Report

General Information

Consumer:

Provider:

VR counselor:

Date hired:

EAS specialist:

Job title:

Purchase order number:

Anticipated number of hours worked per week:

Anticipated gross earnings per week:

Employer's name:

Employer's address:

Employer's phone number:

Supervisor's name:

Supervisor's title:

Supervisor's telephone:

Job Placement Report

Narrative report describing the services provided to the consumer and detailing how the services provided assisted the consumer in obtaining employment.

Questions



Answer **Yes** or **No** to the following questions.

1. Is this job consistent with the consumer's interests and abilities?
2. Are the consumer's wages equal to or above the current minimum wage?
3. Is the consumer's job placement in an integrated setting within an organization or business that is not owned, operated, controlled, or otherwise governed by the provider?

Signatures

Consumer:	Date
Provider:	Date

Original: VR Counselor