



*The participant, employment specialist, and VR Counselor must communicate regarding stabilization prior to submission of this form. **VR Counselor should request the VR Case Coordinator to complete the appropriate performance incentive level authorization based on the table below.***

Participant:	Employment Specialist (ES)	
Date of Submission (Month, Day, Year)	ES Contact Information	
Participant ID	VR Counselor	
Did employer offer healthcare benefits package?	Number of Hours participant is working:	Hourly wage participant is currently receiving:
Stabilization Date (Month, Day, Year)		

1. Has the participant reached their greatest level of independence?

Monthly summaries should show that the participant has reached their 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:

2. 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, public assistance or behavior. Identify the concern(s) and plans to address each topic.

3. Will the participant use extended services to maintain employment? *Please select all that apply:*

- No extended services needed
- Natural supports
- Bureau of Disabilities Services (BDS) Extended Services
- Medicaid Rehabilitation Option (MRO)
- VR Youth Extended Services*
- Other (*please specify*)

5. Who will be the provider of Extended Services?

***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 explain*)
- No other funding options are available (*please explain*)



*Division of Disability and Rehabilitative Service
Vocational Rehabilitation
Stabilization Form*

This section should be completed by the VR Counselor and emailed back to the ES provider within one (1) week of form submission.

VRC Name Reviewing Stabilization Form	Date Approved (Month, Day, Year)
<input type="checkbox"/> Stabilization Date Approved	Enter Milestone 3 Achievement Date (90 days from Stabilization Date)
<input type="checkbox"/> Stabilization Date NOT Approved (Provide Reason for Denial)	