



## Placement Support Plan

*To be filled out after job has been developed*

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

What types of supports will the consumer need following job placement? (check all that apply)

Type of Support	Assistance/Coordination Provided By
On-site support/job coaching	
Regular contact with employer	
Transportation assistance	
Assistance with grooming & hygiene	
Medication	
Reporting earnings to social security	
Therapy	
Supervision during non-work hours	
Communication with residential/family	
Other (please specify):	

Summary of support to be provided by agency:

Summary of support to be provided by residential:

Summary of support to be provided by family

Summary of support to be provided by other resources (state agency, therapist, peers, employer, etc.)

What are the current support gaps and barriers?

What is the plan to overcome them?

**Signatures**

Consumer \_\_\_\_\_

Agency Staff \_\_\_\_\_

Others in support roles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

For more information, contact Lara Enein: [lara.enein@umb.edu](mailto:lara.enein@umb.edu)

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