

Report Completion Guide - Retention Report

Only use this report when SI is not authorized, except the final month of Retention, when both reports are required.

This guide provides additional detail for completing the [Retention Report \(DVR-17038-E\)](#). It explains what information DVR is looking for in certain prompts and provides examples where helpful. These examples are provided for illustration only. Providers should document services based on the individual consumer's employment situation, progress, and support needs.

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month or 30-day increment in which the service is provided.

Report Month and Day	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

<p>Service Type: Choose the applicable service types from the list below:</p> <p> <input type="checkbox"/> General Job Development <input type="checkbox"/> Supported Employment <input type="checkbox"/> Individual Placement and Support <input type="checkbox"/> Customized Employment <input type="checkbox"/> Internship/Temporary Work <input type="checkbox"/> Student Work-Based Learning </p>	
Purchase Order (PO Number)	Report Author
<p>Report Period (choose one)</p> <p> <input type="checkbox"/> Month 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Month 3 / Final Month <input type="checkbox"/> Additional month (if approved) </p>	
<p>Report Period: Months correspond to 30-day retention increments.</p> <ul style="list-style-type: none"> • Month 1 = Days 1-30 • Month 2 = Days 31-60 • Month 3 = Days 61-90 • Additional months may be used if retention support is extended beyond 90 days to achieve stability. 	
Consumer's Job Title	Employer
Employment Start Date	Hourly Wage
Is the consumer eligible for health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per Week
Wage verification attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously Submitted	

Planned contact standard: How often, how (e.g., in person, virtual), and where the provider and consumer will meet (e.g., weekly in-person at local library or twice-monthly virtual meetings).

Planned contact standard

Purpose: Describe how the provider and consumer plan to meet during the job development service, including frequency, method, and location. This contact standard should reflect the level of support needed for the consumer to actively pursue employment.

Include: Frequency of contact, method of contact, typical meeting location(s), and any adjustments based on support needs or progress.

Tips: Reference the Job Prep Plan or previous reports for consumer contact preferences or limitations identified. Contact frequency should reflect the level of support needed for job stability. Adjustments should be documented when support needs change.

Examples:

- "Weekly, in-person meetings at the job site"
- "Twice weekly phone check-ins and twice monthly in-person at the job site"
- "Weekly virtual meeting with employer coordination as needed"

Has the consumer provided consent for the provider to contact the employer regarding progress or feedback?

Yes No

Job Supports Plan - Monthly Progress

Use this section to document ongoing supports, progress toward independence, and any changes in the consumer's needs. Provide enough detail to show how supports are evolving from month to month. Providers may complete the grid and prompts below OR attach equivalent documentation that includes the same required information.

Date	Contact With (Consumer, Employer, DVR)	Method (in-person, phone, email, virtual)	Duration	Purpose/Brief Notes

Activity grid: Include contacts with consumer, employer, and DVR.

Tips: Focus on meaningful contacts related to employment and retention support. Brief notes are sufficient; full case notes are not required.

Progress Toward Independence and Job Stability: Describe the consumer's progress toward increased job stability and independence this month, including progress in performing job tasks and following their schedule. Include any changes in support level or natural supports developed, and how strategies from the Hire Job Supports Plan were implemented or adjusted.

Purpose: Document the consumer's progress made toward increased job stability and independence this month.

Include: ability to perform job tasks, ability to follow schedule and expectations, changes in support level, development of natural supports, and/or adjustments to strategies from prior Job Supports Plan.

Tips: Focus on change over time, not repetition of prior months. Link progress to specific supports or strategies when relevant.

Supports Provided This Month: Describe activities and supports provided to promote success and independence (e.g., problem-solving, communication with employer, coordination of natural supports, addressing attendance or scheduling issues). Include any adjustments to prior supports or accommodations.

Purpose: Describe ongoing support provided to promote independence, problem-solving, and workplace integration.

Include: problem-solving support, communication with employer, coordination of natural supports, attendance or scheduling support, and/or adjustments to any prior supports.

Examples: Coordinated with a coworker mentor to provide feedback, or supported transportation planning to ensure punctual arrival at work.

Updates to Job Supports Plan: Describe any updates or changes to the supports originally identified in the Hire Job Supports Plan. Include considerations related to training, communication, strategies for addressing potential problems on the job, or adjustments needed to help the consumer meet job expectations.

Purpose: Document any changes or updates to the Hire Report's Job Supports Plan.

Include: new strategies implemented, adjustments based on employer feedback, changes in support needs, and/or skill-building or training modifications.

Examples: Added weekly schedule review to support time management, or provided additional instruction on specific workplace procedures based on employer feedback.

Consumer Feedback

Purpose: Summarize the consumer's perspective on progress, satisfaction, or challenges at work.

Tips: Include satisfaction with job, supports, or work environment. Note any concerns or changes in motivation or goals.

Employer Feedback

Purpose: Include summary of employer input, if applicable and consent has been provided.

Tips: Focus on performance, attendance, and workplace integration feedback. If no employer contact occurred, briefly explain why (e.g., consumer preference, no issues reported).

Next Steps / Plans for the Coming Month: Identify next steps or strategies to increase independence, maintain performance, or adjust supports. Include any provider observations or recommendations related to additional needs (e.g., Systematic Instruction, accommodations, work clothing, transportation, or potential referrals to partner agencies or long-term care if applicable).

Purpose: Identify strategies for ongoing support, increasing independence, or addressing emerging needs.

Include: strategies for increasing independence, ongoing support needs, provider observations and recommendations (non-service requests), and/or potential referrals or coordination needs.

Note: DVR staff will review recommendations and determine whether additional services should be authorized. Recommendations here should not represent a request for services on behalf of a consumer.

Supported Employment Coordination Plan Section (if applicable)

To be completed for only those consumers receiving Customized Employment, Individual Placement and Support (IPS), or Supported Employment.

Note: When working with Family Care, IRIS, CLTS, or other long-term support programs, DVR must coordinate with the program to identify the type of supports needed and when those services should be implemented and identified in corresponding consumer service plans. The communication should be documented and include an agreement for planned services, employment, payment, timing, and outcomes for the consumer.

The coordinated plans should be reviewed at the following three points in the process:

1. DVR Post Career Profile/Discovery meeting
2. DVR 60-day on-the-job meeting
3. Before transition to long-term support

60-Day On-the-Job-Meeting Coordination

Signatures are optional. If signatures are not obtained, Service Providers must document the plan discussion and agreement in the section below the signature lines. DVR staff must also document the meeting and agreement in a case note.

Consumer Signature	Date Signed
Guardian Signature (if applicable)	Date Signed
DVR Signature	Date Signed
Long-Term Support Provider Signature	Date Signed
Service Provider Signature	Date Signed
Other Signature	Date Signed

If signatures were not obtained, complete the following:

Date of plan review meeting:
Meeting format: <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Other If Other, explain:
Meeting participants:
Agreement confirmed by all parties: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:
Date of next scheduled review meeting:

Please add any additional information after this line. _____