Divisior	d State Department of Education n of Rehabilitation Services Prior to VR Successful Case Closure
Consumer's Name:	Counselor's Name:
Part A: Achievement of an Employm	ent Outcome ("Rehabilitated")
1. Go to Notes—All and Attachment	ts Layout:
	that confirms the <b>counselor communicated with the</b> <b>parent/legal guardian or family member</b> within 30 days of ing that:
<ul> <li>Consumer agrees that the jo</li> <li>Consumer is performing well</li> <li>Social Security recipients of follow-up services discussed</li> </ul>	l in the position. only: Referral to Ticket to Work Employment Network for
Enter Date of Closure Commu	inication:
Verify the Work Status is design <u>2, Section 1000.11(3)(4)</u> to revie	ated as <b>Competitive Integrated Employment (CIE). (</b> See <u>RSM</u> ew CIE requirements.)
	ages received within 90 days of case closure is attached in on 1001.11(d)(2) to review acceptable types of wage
Enter the Date of Wage Verific	cation:
2. Go to Employment Layout:	
Verify that the employment rec information obtained within 90 d	cord has been updated with the hours worked and wage ays prior to closure date.
	d on the AWARE™ Employment page is consistent with the E goal. (Amend IPE or request technical edit, if needed. 4.14, IPE Technical Edits)
If there is more than one active of date on the employment records	employment record, verify accuracy. If not, delete or enter end s that are not correct at closure.
For Supported Employment close	cipant Requires Ongoing Support Services" say "Yes". (If box is
For Self-Employment or BEP close Verify the following:	Sures:
Work Status is correctly desi	gnated as self-employment or BEP.
The consumer is earning at I	east minimum wage.

<ul> <li>Profit and Loss Statement for at least the prior two quarters/six months.</li> <li>Sales Receipts and Expenses for at least the prior 6 months.</li> <li>Income Tax Return, Schedule C, for the previous tax year.</li> <li>Go to Special Programs Page:</li> <li>Verify that Special Programs selections are complete and accurate.</li> </ul>	
<ul> <li>Income Tax Return, Schedule C, for the previous tax year.</li> <li>Go to Special Programs Page:</li> </ul>	
3. Go to Special Programs Page:	
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Verify that Special Programs selections are complete and accurate.	
4. Go to Closure Page: Verify the following:	
☐ The appropriate Primary Source of Support has been designated, based on AWARE™ employment record in comparison to available case documentation.	
Narrative describes how substantial DORS services contributed to the rehabilitation.	
Required pertinent documentation is attached in AWARE™. (See <u>RSM 2, Section</u> <u>303.02</u> to review document attachment requirements.)	
If the "14-Day Successful Pre-Closure" letter was used appropriately and the consumer did not respond: Verify that an OFS Senior Manager or OBVS Director entered approval Case Note. Note: Approval indicates that letter was sufficient to verify communication with the consumer within 30 days of requested closure date and documentation of wages within 90 days prior to requested closure date.	
Part B: Approval/Disapproval	
Supervisor completes this document and retains it in the AWARE™ case record as a Case Note or as an attachment:	
Closure Approved – All closure requirements verified and closure date entered in AWARE™.	
Closure Not Approved. Comments:	