

# *PERSONAL CARE*

## *Employment Support Record Sheet*

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*(This form is intended to be the cover sheet for employment section of the member's file.)*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Completing Form: \_\_\_\_\_

Name and title of Person Completing Form: \_\_\_\_\_

### **Member Personal Care Employment Support Status:**

#### **Job Seeking Status**

- Member has provided documentation of registration with their local Workforce WV AND one of the following:
  - Member has agreed to participate in an individual job search. This agency will monitor the Job Seeking Agreement *(See Job Seeking Agreement)*.
  - Member has provided documentation of eligibility for vocational rehabilitation services from the Division of Rehabilitation Services.
  - Member has provided documentation of participation in a Social Security *(Ticket to Work)* Employment Network.

#### **Employment Status**

- Partial Employment:** Member has obtained partial employment working less than forty (40) hours per month earning at least minimum wage. The member agrees to maintain a Member Wage and Hour Report form. *(See Employment Status Agreement)*
- Member is progressing toward full employment of forty (40) hours per month with their current employer within three (3) months.
- Member is still seeking to find full employment of at least forty (40) hours per month and agrees to participate in a Job Seeking Agreement.
- Full Employment:** Member has obtained full employment of at least forty (40) hours per month earning at least minimum wage. The member agrees to maintain a Member Wage and Hour Report form. *(See Employment Status Agreement)*