

PERSONAL CARE

Employment Support Record Sheet

(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)*