

Kentucky Office of Vocational Rehabilitation

OVR 7EO-Employment Outcome

Instructions

The purpose of this form is to provide for the consumer a list of the services the agency provided when their case was open and to remind them that their case is now closed. This form also provides guidance on where to find out information about their rights and to remind them that they can reapply if they require further services in the future.

Consumer Information

Name	Enter the first and last name of the consumer
Case Number	Enter the six-digit case number for the consumer
Employment Outcome Achieved	Enter the final employment outcome for the case, taking into account amendments where the goal changed
SOC Code	Enter the six-digit SOC code
Services	Select all the services that the consumer received beyond assessment, planning, guidance and counseling. If a service that was not listed was provided, please write it in under other.

Supported Employment Information

Case Identified as Supported Employment Placement	Check the box if this case was closed as a supported employment case
--	--

Supported Employment Provider Write in the name of the provider of the supported employment services

Supported Employment N/A Check this box if supported employment is not available in the consumer's area

Services/Resources other than Supported Employment Please list services and resources that are available other than supported employment that can provide assistance with maintaining/advancing in a job

Supplemental Security Income (SSI-Blind or SSI-Disabled) and Social Security Disability Insurance (SSDI) Recipients Please provide this information on continuing disability review protection and questions on employment networks and Ticket to Work

Signature/Date/Phone Number

Please sign and date the form below and send a copy to the consumer. Please include your printed name and your work phone number.