

## Report Completion Guide - Transition to Long-Term Support Report

This guide provides additional detail for completing the [Transition to Long-Term Support Report \(DVR-18037-E\)](#). 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, support, and transition 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.

Report Month	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)
<b>Supported Employment Service Type:</b> Choose the applicable service type from the list below: <input type="checkbox"/> Customized Employment <input type="checkbox"/> Individual Placement and Support <input type="checkbox"/> Supported Employment	
Purchase Order (PO Number)	Report Author
Invoice Amount	Employment Start Date (First day on the job)
Employer Name	Effective date of Transition to Long-Term Support and end of DVR funding
Employer Contact Information	
Supervisor Name	Hourly Wage
Job Title	Hours per Week
Job Duties	Benefits

Wage Documentation: List the date wage documentation was supplied to DVR.

**Include:** the date wage documentation was provided to DVR.

**Note:** Wage verification is required before payment for Transition to LTS and must meet DVR wage documentation requirements.

Discussion with consumer regarding impact on Social Security benefits eligibility:

**Purpose:** Document that the consumer was informed about how employment may impact benefits.

**Include:**

- A summary of the discussion that occurred.
- Any referral needs discussed (e.g., benefits counseling)

### Source of Long-Term Support & Contact Information

Agency Name	Point of Contact Name
Email Address	Phone Number

Discussion of transfer of support if a new Service Provider will be involved:

**Purpose:** If a new provider will deliver supports after transition, summarize the discussion of how the transition between providers will occur.

Discussion of resources and referral process if consumer service needs change:

**Include:**

- Discussion of what happens if support needs change
- Referral pathways or resources available

### Supports Requested by the Consumer

Provide a brief narrative description of the supports requested by the consumer, including:

- The types of support requested and/or provided.
- Key tasks or behaviors addressed.
- Approximate percentage of work hours the consumer receives support.
- Any important considerations for coordination or transition to long-term support.

**Purpose of this section:** Summarize the consumer's ongoing support needs at the time of transition.

**Include:**

- Types of supports requested or provided
- Key job tasks or behaviors addressed
- Approximate percentage of work hours with support
- Any coordination considerations for LTS

**Example:** Consumer receives approximately 40% support on tasks including cash handling and stocking. Support is provided by SE specialist, primarily in the first hour of shift, and is expected to continue to fade as independence increases.

## Detailed Breakdown of Supports

Complete for each type of support provided. An example line is provided.

**Purpose of this section:** Provide a clear, structured outline of how supports are delivered and by whom.

**Include for each entry:**

- Date or day and/or hours of support
- Type of support or task
- Individual providing support
- Sequencing or frequency
- Work quality or accuracy considerations
- Additional notes (e.g., fading plan)

**Tips:** Focus on clarity and coordination for the receiving LTS provider and the LTS funding source. Ensure consistency with the summary above. An example line is provided in the grid below.

Date and Hours	Type of Support or Task	Individual Who Will Provide Support	Sequencing and Frequency	Work Quality and Accuracy	Other
01/10/2026, 2 hours	Cash handling and stocking	SE specialist	First 2 hours of shift	Assist initially; improve accuracy	Supports will fade over 90 days

**Note:** DVR should be notified if the consumer stops working within the 90-day period following transition.

### 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 types 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

### Transition to Long-Term Support 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.** \_\_\_\_\_

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