

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 Supported Employment Quarterly Report

Organization / Program Name: _____

Date submitted: _____ Grant Number: _____

Quarter (check one):

July 1 – Sept. 30 Oct. 1 – Dec. 31 Jan 1 – March 31 April 1 – June 30

Total number of people on caseload of IPS staff: _____

Number of people (unduplicated) from IPS caseload working integrated competitive employment at any time during the quarter: _____

Number of people working successfully in integrated competitive employment who transitioned off the IPS caseload during this quarter: _____

Number of people NOT working successfully in integrated competitive employment who transitioned off the IPS caseload during this quarter: _____

Number of people who are employment specialists with an IPS caseload (excluding the supervisor): _____

Total FTE employment specialists (excluding the supervisor) with an IPS caseload: _____

Number of IPS clients on supervisor's caseload: _____

Number of new enrollees admitted to the IPS program during this reporting quarter: _____

Number of new job starts for all IPS participants during the quarter: _____

Number of IPS clients who enrolled in education programs this quarter: _____

Type of employment:

Full-Time: _____

Part-Time: _____

Seasonal: _____

Day Labor: _____

Self-Employment: _____

Average earnings per participant that is employed (earnings/number of people that are employed): _____

Cost per client: _____

How many employers/businesses did you provide outreach to this quarter (job development):

Please provide an update on your agencies overall status and any challenges faced and successes achieved during the time period covered by this quarterly report:

List any training needs of your organization: