

## Natural Supports & Fading Plan

*Review this form and update if changes are made and submit with all required documentation for payment.*

Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary coworker providing support: \_\_\_\_\_ Job Title: \_\_\_\_\_  
*First and Last Name*

Location of coworker in relation to individual: \_\_\_\_\_

Other coworkers available for support: \_\_\_\_\_

Current Service: \_\_\_\_\_

**\*Print form to obtain the Individual's and Employer's signed approval of the ESS-C-229  
*Natural Supports & Fading Plan* or if available, use electronic signatures.**

Describe in **detail** how the EC will support the coworker(s) and the individual during the transition to ongoing, natural supports by the coworker(s) **(i.e., weekly face-to-face meetings, regular phone contacts, etc.)**:

List **all** the daily activities and work routines which are **like** those of the individual's coworkers:

List natural employment supports the employer or coworker(s) will provide **(i.e., restructuring duties, job duty checklist, etc.)**:

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Describe what has been done on the job site to assist the individual in doing his/her job successfully without full assistance from the EC (i.e., **specific job accommodations, identifying natural cues, natural supports, etc.**):

List strategies used for fading/reducing direct EC involvement in **onsite/offsite** training and support **during this milestone/service**:

Describe fading plan for **the next milestone or service, including total onsite/offsite training and support contacts** planned **based on the individual's current level of support needs**:

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Additional Comments:

Select **"Yes"** or **"No"** in response to each statement below:

Yes ☐ No ☐ The individual has verbalized his/her approval for the EC to contact the employer about the individual's job performance. **(Individual's Initials \_\_\_\_\_)**

Yes ☐ No ☐ The individual has verbalized agreement with the Natural Supports & Fading Plan outlined above. **(Individual's Initials \_\_\_\_\_)**

Yes ☐ No ☐ The individual's employer has verbalized his/her agreement with the Natural Supports & Fading Plan outlined above. **(Employer's Initials \_\_\_\_\_)**

Yes ☐ No ☐ A copy of the **ESS-C-229 Natural Supports & Fading Plan** was provided the **employee, mentor/co-worker(s), and employer.**

**\*Print form to obtain the Individual's and Employer's signed approval of the ESS-C-229 Natural Supports & Fading Plan.**

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Natural Supports & Fading Plan Notes

### What is Supported Employment

Supported Employment is a program that assists individuals with disabilities to obtain employment and assists employers to obtain qualified employees. The purpose is for the supported employee to become independent through natural supports in the work environment and work relationships. Natural Supports are job retention supports that occur on the job in the most normal/natural way, such as a mentor/co-worker(s) being assigned to assist the supported employee if they observe a problem. Natural supports include mentoring, supervision(ongoing feedback on job performance), training (learning a new job skill with a co-worker) and socializing with co-workers at breaks or after work.

### Benefits to the Employer

The employer benefits by retaining a committed, dependable, qualified employee, assisted by a mentor/co-worker(s) that can identify problems early and seek or provide the necessary job retention supports. Consultation services will be provided to the employer by the employment consultant listed below, in all phases of the job, as long as the employee remains on the job. Services include assistance with training and supervising the supported employee. Follow-up services are provided to assist with any issues that need attention such as poor performance, change in supervisor or job duties.

Employer agrees to assign a mentor/co-worker(s) to provide job retention support. The mentor/co-worker will help the supported employee work through problems that may affect their job performance or job retention. The employer agrees to contact the employment consultant to assist with problem solving when issues cannot be easily resolved by the mentor/co-worker and supervisor, particularly when new job duties are assigned.

### Responsibilities of the Contractor

Employment Contractor agrees to provide support to the mentor/co-worker(s), employer, and employee as needed. The employment contractor agrees on a regular set amount of time when contact will be made and how soon to respond to requests for consultation with employer.

The EC has verified with the employee, mentor/co-worker(s) and employer that they will implement the above Natural Supports as set forth on **ESS-C-229** *Natural Supports & Fading Plan*.

**\*The EC provided the employee, mentor/co-worker(s) and employer with a copy of the ESS-C-229** *Natural Supports & Fading Plan*.

### Benefits to the Employee

The mentor/co-worker(s) and the employment consultant assist the supported employee in becoming a valued employee by facilitating support and social connections on and away from work.