Department of Health & Human Services | Services for People with Disabilities

MILESTONES PAYMENT REQUEST FORM

Competitive Integrated Employment (CIE)

Version date: 7/2026

Privacy notice:
DHHS is collecting this personal data to record supporting documentation of a provider's milestone payment request, Supported Job Placement (SJP), or Supported Job Retention (SJR). This data will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. Without this data, DHHS cannot complete a provider's milestone payment request, Supported Job Placement (SJP), or Supported Job Retention (SJR). This data is part of record series: 15376.

Instructions:
This form should be completed by the provider after a Person has obtained or retained their CIE job position. This information will serve as supporting documentation to request a provider's milestone payment, Supported Job Placement (SJP), or Supported Job Retention (SJR). DSPD will not pay CIE milestones payments more than once every 12 months per Person. The provider should submit this completed form to the Person's support coordinator to initiate the Request for Services (RFS) process.

Name of Person: _____ PID# _____

Type of milestone: ☐ SJP(30 days) ☐ SJR(120 days)

Supported job development provider (SJP milestone payment): _____

Supported Employment Individual Provider (SJR Milestone Payment): _____

Support coordinator: _____

Person's employer: _____ Person's job title: _____

Start date of employment: _____ Person's hourly wage: _____

Provide a summary of how the Person's employment meets the Person's employment goals:

Provide a summary of the Person's satisfaction with their employment:

Provide a copy of the most recent pay stub including hours worked and hourly wage:

Describe how the Person had informed choice in obtaining and/or retaining their job placement in CIE:

Provide a summary of how the Provider was the primary source in assisting the Person to obtain CIE:

(SJR Only) Provide a summary of hours of employment and if hours have decreased and explanation of why:

Provider signature

Date

Support coordinator signature

Date