

Individual: _____ **Waiver:** _____ **Date:** _____

Provider: _____ **Employment specialist:** _____

On the job natural support identified:

Contact information: _____

Detail the natural support plan to include frequency, routines, and activities that may require support:

List any additional informal natural supports identified at the job site who are available to support the individual and their contact information:

Describe how the employment specialist trained the formal/informal natural supports:



SUPPORTED EMPLOYMENT INITIAL
JOB SUPPORT AND STABILIZATION
NATURAL SUPPORTS PLAN
H2023 TS U1

I agree to this natural supports plan and will reach out to my on-the-job supporter as needed.

Individual: _____ **Date:** _____

I agree to provide natural supports on the job as needed and to contact the employment specialist if needed.

Natural support: _____ **Date:** _____

Employment specialist: _____ **Date:** _____