Intake Plan Meeting Date:

Intake Plan Meeting Start Time:

Intake Plan Meeting End Time:

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

VR Participant Area of Interest/ Vocational Goal(s):

[ ]  Full Time Employment [ ]  Part Time Employment

Preferred location:

Preferred number of days VR Participant is able to work per week:

Preferred number of hours VR Participant is able to work per day:

Who will be a part of the VR Participant’s Supported Employment (SE) Team?

Specific barriers to employment:

Functional Limitations and Other Attendant Factors:

From DVR Documentation:

Additional comments from VR Participant/SE Team:

VR Participant’s accommodation needs necessary for successful completion of the service objectives:

Other areas relevant to the service provision and VR Participant’s accomplishment of service objectives:

Legal Issues:

Self-Identified Abilities and Aptitudes:

VR Participant’s attendance requirements necessary for successful completion of the stated objectives:

Anticipated number of days per week:

Anticipated number of hours per day:

Anticipated number of service units:

**Technical/Computer Skills Assessed:**

* + - 1. Ability to read? [ ]  Yes [ ]  No
			2. Ability to write? [ ]  Yes [ ]  No
			3. Ability to complete online job search? [ ]  Yes [ ]  No
			4. Ability to submit online job applications? [ ]  Yes [ ]  No
			5. Technical skills related to job goal:       [ ]  Yes [ ]  No
			6. Other, if applicable:       [ ]  Yes [ ]  No

If applicable, additional assessments completed (*please attach*):

**SPECIFIC SERVICE OBJECTIVES**
**Placement, Maintenance, and Transition Activities:**

Anticipated Date of Training Completion:

* + - 1. Objective #1: Job Placement

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

* + - 1. Objective #2: Job Maintenance

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

* + - 1. Objective #3: Transition - Vendor Representative to Long-Term Support

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #4:

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #5:

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

**2. OUTCOME OF THE INTAKE PLANNING MEETING**

Check one (1):

[ ]  Vendor accepts referral and agrees to begin service provision within ten (10) business days from the Intake Plan meeting

[ ]  Vendor or VR Participant declines referral. Explain why:

[ ]  VR Participant or VR Counselor was a “no-show” for Intake Plan meeting.

[ ]  Revised Intake Plan. Date Revised:

If unable to start service within ten (10) business days, please explain why:

VR Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Participant Guardian/Representative

(if applicable) Date:

Other (if applicable) Date:

Vendor Representative Signature: Date:

VR Counselor Signature: Date: