Intake Plan Meeting Date:      

Intake Plan Start Time:

Intake Plan End Time:

Vendor Company Name:

Vendor Representative’s Name:      

VR Client Name:      

VR Counselor Name:      

DVR Purchase Order #:      

1. **CLIENT’S SERVICE NEEDS ASSESSMENT**

VR Counselor’s Referral question(s) or concerns:

VR Client’s present or baseline level of skills; current concerns or service needs:

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

VR Client’s accommodation and assistive technology needs necessary for successful completion of the service objectives:

VR Client’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:

*\*If the hours vary by calendar day, please complete the schedule below*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Start Time** |  |  |  |  |  |  |  |
| **End Time** |  |  |  |  |  |  |  |

Specific barriers to maintaining employment:

Functional Limitations and Other Attendant Factors:

From DVR Documentation/DVR Staff:

Additional comments from VR Client:

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

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

Legal Issues:

Self-Identified Abilities and Aptitudes:

1. **SPECIFIC SERVICE OBJECTIVES**

Describe each specific service objective using clear and measurable terms.

**Service Objective #1**: VR Client / VR Client Guardian shall identify whether or not any combination of factors allows competitive, integrated employment.

**Service Objective #2**: If competitive, integrated employment is possible, VR Client transitions to Supported Employment.

**Service Objective #3**:

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

Check one (1):

Vendor accepts referral and agrees to identify and establish location(s) in which to conduct Trial Work Experience within ten (10) business days from the Intake Plan meeting

Vendor or VR Client declines referral. Explain why:      

VR Client or VR Counselor was a “no-show” for Intake Plan meeting.

Revised Intake Plan. Date Revised:

If unable to identify and establish location(s) within ten (10) business days, please explain why:

VR Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Client Guardian/Representative Signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Other (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: