

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Job Coaching
INTAKE PLAN

Intake Plan Meeting Date: 10/12/2025

Intake Plan Meeting Start Time: 9am

Intake Plan Meeting End Time: 10am

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR/SWD Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000004

Participant Current Employer: XY Office

☒ Full Time Employment ☐ Part Time Employment

☐ Work Based Learning Experience (WBLE) for SWD Participant

Participant's Job Title: Office Clerk

Start Date of Employment: 10/13/2025

Participant Work Site Location: 1234 Employer Ln., Honolulu, HI 96804 / New office location eff 10/29/25: 4567
Employer Ave., Honolulu, HI 96816

Employer's Contact Person: Eli Employer

Employer's Contact Person Job Title: HR

Employer's Contact Phone Number or Email Address: e.employer@xyoffice.com

Clearance Required: No

Number of days per week Participant is scheduled to work: 5

Number of hours per day the Participant is scheduled to work: 4

**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: Does not feel comfortable taking public transportation by themselves. Patty needs consistent cues on which stop to get off at and tends to be late to appointments or work due to getting lost.

Functional Limitations and Other Attendant Factors:

From DVR Documentation/DVR Staff: Communication, Self-direction

Additional comments from VR Participant: Patty states she has difficulty focusing at work.

VR Participant's accommodation needs necessary for successful completion of the service objectives: Patty can complete work tasks after being shown how to carry out a task multiple times. Patty needs to be prompted to stay on task.

Other areas relevant to the service provision and VR Participant's accomplishment of service objectives: N/A

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Legal Issues: N/A

Self-Identified Abilities and Aptitudes: Patty stated she feels comfortable asking questions while working if she does not understand the task.

1. SPECIFIC SERVICE OBJECTIVES

Job Coaching Activities

Anticipated Date of Completion: 02/28/2026

1. Objective #1: Participant will complete work tasks independently.
Describe activities and services that will be provided for meeting this objective: Vendor Representative will work with Patty at job site by demonstrating the job tasks (i.e. greeting customers, using the work computer to sign in and input new customer's information, etc.) multiple times until Patty is comfortable with carrying out these work tasks independently. Vendor Representative and Patty will also simplify the written instructions of the work tasks, so Patty can retain the training.
Describe skills and techniques to be learned for meeting this objective: Patty will be self sufficient with the work tasks without being prompted or having assistance from job coach.
2. Objective #2: Participant will successfully complete work tasks
Describe activities and services that will be provided for meeting this objective: Vendor Representative and Patty will practice work related task like inputting data into company's database, greeting customers, etc. Patty and Vendor Representative will practice appropriate greetings and interactions with customers and co-workers through role playing. Vendor Representative will re-direct Patty when working with customers to successfully carry out the work tasks.
Describe skills and techniques to be learned for meeting this objective: Patty will be able to successfully complete all job related tasks.
3. Objective #3: _____
Describe activities and services that will be provided for meeting this objective: _____
Describe skills and techniques to be learned for meeting this objective: _____
4. 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: _____
5. 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:

- ☒ Vendor accepts referral and agrees to begin service provision sessions within ten (10) business days from the Intake Plan meeting
- ☐ Vendor or VR/SWD Participant declines referral. Explain why: _____
- ☐ VR/SWD Participant and/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: _____

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VR/SWD Participant Signature: *Patty Participant* Date: 10/12/2025

VR/SWD Participant Guardian/Representative

(if applicable) _____ Date: _____

Other (if applicable) _____ Date: _____

Vendor Representative Signature: *Rosalie Representative* Date: 10/12/2025

VR Counselor Signature: *Jane Counselor* Date: 10/12/2025