

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
 Trial Work Experience
INTAKE PLAN

Intake Plan Meeting Date: 9/5/25

Intake Plan Start Time: 1pm

Intake Plan End Time: 2pm

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Client Name: Carmen Client

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000006

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

VR Counselor's Referral question(s) or concerns: VR Counselor is requesting that Carmen's abilities, capabilities, and capacity to maintain an appropriate speed of productivity in a competitive employment environment and any appropriate accommodations necessary for her to become competitively employed be assessed.

VR Client's present or baseline level of skills; current concerns or service needs: Carmen has been diagnosed with Cerebral Palsy and has a one-on-one aid to assist with toileting and requires extra time due to cognitive delays to process and learn instructions. Carmen is non-verbal but uses a communication application on her I-pad to assist in communicating with others. Carmen has demonstrated that she can follow simplified directions with task demonstration, repetition and visual cues based on information provided from the school to her VR Counselor.

Other areas relevant to the service provision and VR Client's accomplishment of service objectives: Carmen requires a location that is electric wheelchair accessible.

VR Client's accommodation and assistive technology needs necessary for successful completion of the service objectives: Carmen requires the use of her I-pad device to communicate with others and will have a one-on-one attendant to assist with personal needs. Carmen uses an electric wheelchair to assist in mobility due to rigidity in leg joints.

VR Client's attendance requirements necessary for successful completion of the stated objectives:

Anticipated number of days per week: 5

Anticipated number of hours per day: 4

Anticipated number of service units: 60

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

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	_____	<u>1p</u>	<u>2p</u>	<u>2p</u>	<u>1p</u>	<u>10:30a</u>	_____
End Time	_____	<u>5p</u>	<u>6p</u>	<u>6p</u>	<u>5p</u>	<u>2:30p</u>	_____

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
INTAKE PLAN

Specific barriers to maintaining employment: Carmen is dependent on family members for transportation.

Functional Limitations and Other Attendant Factors:

From DVR Documentation/DVR Staff: Communication and Mobility

Additional comments from VR Client: _____

VR Client's accommodation needs necessary for successful completion of the service objectives: Coordination with VR Counselor for assistive technology needs, I-pad device to communicate with others and having a one-on-one attendant to assist with personal needs.

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

Legal Issues: _____

Self-Identified Abilities and Aptitudes: VR Client has not identified abilities and aptitudes but stated that they think they can work well in a team environment.

2. 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: N/A

3. OUTCOME OF THE INTAKE PLANNING MEETING

Check one:

☒ 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 and/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: *Carmen Client*

Date: 9/5/25

VR Client Guardian/Representative Signature: _____

Date: _____

(if applicable):

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
INTAKE PLAN

Other (if applicable): _____ Date: _____

Vendor Representative Signature: *Rosalie Representative* Date: 9/5/25

VR Counselor Signature: *Jane Counselor* Date: 9/5/25