Exhibit G2

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation
Vocational and Work Adjustment Training Services - Adult
INTAKE PLAN

Intake Plan Meeting Date: 9/8/25
Intake Plan Start Time: 1pm
Intake Plan End Time: 3pm

Vendor Company Name: ABC Vendor Company
Vendor Representative's Name: Rosalie Representative

VR Participant Name: Patty Participant
VR Counselor Name: Jane Counselor
DVR Purchase Order #: 07000008

Vocational Goal: Customer Service
VR Counselor's Referral question(s) or concerns: Can this participant meet the standard of at least a level 3 for the employability skills objectives that require training?
VR Participant's accommodation and/or Assistive Technology needs necessary for successful completion of the service objectives: _____
Legal Issues:_____

VWATS - Adult is needed to assist the VR Participant in achieving the core work readiness/employability skill objectives identified below by the following anticipated completion date: 2/28/2026

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1. SPECIFIC SERVICE OBJECTIVES

Using the Vocational and Work Adjustment Training Services Skills Appraisal Guide (Exhibit G1), in addition to clear and measurable terms, describe specific services needed for each core work readiness/employability skills objectives identified below for the VR Participant to obtain and maintain competitive employment. Please *only* complete the fields below for the core work readiness/employability objectives where training is necessary for the VR Participant (Starting Standard less than three (3)).

Mobility

Training Necessary ☒ Yes ☐ No
Starting Standard: 2
Anticipated Number of Hours: 10
Details of Services Needed: VR Participant needs to have the ability to arrange for transportation. VR Participant needs to know the types of public transportation available.

Communication

Training Necessary ☒ Yes ☐ No
Starting Standard: 1
Anticipated Number of Hours: 20
Details of Services Needed: VR Participant needs to learn how to communicate clearly and be aware of how verbal and nonverbal language impacts communication with others. VR Participant requires instruction on how to communicate politely.

Personal Care
Training Necessary ☐ Yes ☒ No
Starting Standard: _____
Anticipated Number of Hours: _____
Details of Services Needed: _____

Self-Direction
Training Necessary ☒ Yes ☐ No
Starting Standard: 1
Anticipated Number of Hours: 30
Details of Services Needed: VR Participant does not have effective strategies to identify problems and work toward solutions. VR Participant needs assistance with understanding the function of their job, identifying problems and offering solutions based on questions asked.

Interpersonal Skills
Training Necessary ☒ Yes ☐ No
Starting Standard: 1
Anticipated Number of Hours: 30
Details of Services Needed: VR Participant does not engage in conversations with others and is unable to convey thoughts and feelings. VR Participant requires instruction to improve this skill.

Work Tolerance
Training Necessary ☒ Yes ☐ No
Starting Standard: 2
Anticipated Number of Hours: 20
Details of Services Needed: VR Participant needs assistance with using techniques to manage symptoms or effects of disability. VR Participant is often distracted from assigned tasks.

Work Skills
Training Necessary ☒ Yes ☐ No
Starting Standard: 1

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Anticipated Number of Hours: 20

Details of Services Needed: VR Participant requires constant reminders to arrive on time and needs instruction on how to set realistic deadlines. VR Participant will learn to independently perform major functions of their job.

2. Job Readiness Training Work Site:

Is it anticipated that a Job Readiness Training Work Site will be needed for the above core work readiness employability skill objectives? ☒ Yes ☐ No

Is this Placement Related to the VR Participant's Vocational Goal? ☒ Yes ☐ No
Starting Date (MM/DD/YYYY): 11/10/2025
Business Name: QRS Company
Business Location/Address: 2525 Anywhere Ln., Honolulu, HI 96795
Business Position/Title: General Employment Position
Is this a Paid Training? ☒ Yes ☐ No
If a Paid Training, Rate of Pay: $17/hr
Hours Per Week: 30
Tasks VR Participant will Experience/Learn: (List all job responsibilities, i.e. file papers, provide information to customers, etc.)
Additional Comments, if applicable: _____

2. OUTCOME OF THE SERVICE PLANNING MEETING

Check one:

☒ Vendor accepts referral and agrees to begin services within ten (10) business days from the Intake Plan meeting

☐ Vendor or VR Participant declines referral. Explain why: _____

☐ VR 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: _____

VR Participant Signature: Patty Participant Date: 9/8/25
VR Participant Guardian/Representative Signature (if applicable): _____Date:
Other (if applicable): _____ Date:
Vendor Representative Signature: Rosalie Representative Date: 9/8/25
VR Counselor Signature: Jane Counselor Date: 9/8/25