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

* + - 1. Other, if applicable:        Yes  No

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

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

Training Necessary Yes  No

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:

Vendor accepts referral and agrees to begin service provision within 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

If unable to start service within 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: