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 #:

***\*\*Vendor Representative shall complete all fields and write N/A if not applicable.\*\****

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:

[ ]  Vendor accepts referral and agrees to identify and establish location(s) in which to conduct Trial Work Experience within 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

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

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

VR Client Guardian/Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(if applicable):

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

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

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