

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

Intake Plan Meeting Date: 10/5/23

Intake Plan Start Time: 1:00 PM

Intake Plan End Time: 1:45 PM

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Client Name: Carmen Client

VR Counselor Name: Christie Counselor

DVR Purchase Order #: 07000000

**\*\*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 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	_____	1:00 PM	2:00 PM	1:30 PM	2:30 PM	1:00 PM	_____

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<b>End Time</b>	_____	<u>5:00 PM</u>	<u>6:00 PM</u>	<u>5:30 PM</u>	<u>6:30 PM</u>	<u>5:00 PM</u>	_____
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Specific barriers to maintaining employment: Carmen is dependent on family members for transportation.

Functional Limitations and Other Attendant Factors:

From DVR Documentation/DVR Staff: As stated in DVR MSP New Participant Referral Form: Communication and Mobility

Additional comments from VR Client: None.

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: None.

Legal Issues: None.

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 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: Carmen Client

Date: 10/5/23

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VR Client Guardian/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable):

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

Vendor Representative Signature: Rosalie Representative Date: 10/5/23

VR Counselor Signature: Christie Counselor Date: 10/5/23