

## JOB SEARCH AGREEMENT INDIVIDUAL SUPPORTED EMPLOYMENT SERVICES

Member's Name (*Last, First, M.I.*) \_\_\_\_\_ Date \_\_\_\_\_

Support Coordinator's Name \_\_\_\_\_ DDD I.D. No. \_\_\_\_\_

Qualified Vendor's Name \_\_\_\_\_ Phone Number (*Including area code*) \_\_\_\_\_

Qualified Vendor's Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employment Opportunity \_\_\_\_\_

The purpose of this agreement is to delineate the services and supports to be provided including timeframes. This document should be updated and amended, as necessary. Task No. 1 is pre-checked, as this is a requirement.

	TASKS	HOURS
	1. Participate in the member's Individual Support Plan meeting to develop job search strategy and tasks necessary to achieve consumer's employment objective. Comments:	
	2. Develop job market and wage information specific to the member's agreed-upon goal. Comments:	
	3. Develop vocational exploration opportunities. Comments:	
	4. Provide basic job preparation skills ( <i>e.g., resume writing, interviewing techniques, appropriate work attire, etc.</i> ). Comments:	
	5. Identify prospective employers. Comments:	
	6. Conduct an on-site job analysis or provide consultation to the employer concerning work-site or job modifications that may be needed. Comments:	

	7. Assist the member with application and interview process. Comments:	
	8. If necessary, provide short-term job coaching at the job site to assist the member in acclimating to the job. Comments:	
	9. Other _____ Comments:	

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Hours-Weekly \_\_\_\_\_ Total Hours-Monthly \_\_\_\_\_

Member's Name \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Support Coordinator's Name \_\_\_\_\_

Support Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Qualified Vendor's Name \_\_\_\_\_

Qualified Vendor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employment Program Specialist's Name \_\_\_\_\_

Employment Program Specialist's Signature \_\_\_\_\_ Date \_\_\_\_\_

DPM/Designee's Name \_\_\_\_\_

DPM/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Routing: Original – Support Coordinator, Copy - Consumer/Consumer's Representative, Copy – Qualified Vendor