

JOB COACH 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 Objective _____

The purpose of this agreement is to delineate the services and supports to be provided including time frames. Task No. 1 is pre-checked, as this is a requirement.

TASKS	HOURS
1. Participate with the member's Individual Support Plan team, to develop and implement an Individual Support Plan that identifies vocation outcome/objectives, including making referrals to Vocational Rehabilitation for progressive moves. Comments:	
2. Orient the member to health and safety aspects/requirements on his/her particular job. Comments:	
3. Provide ongoing job coaching/monitoring of the performance and general job-related skills of the member; identify both strengths and barriers to maintaining employment. Comments:	
4. Resolve training/work issues, as well as assist the member in resolving any life/personal problems that may interfere with the job performance. Comments:	
5. Assist member in learning new skills necessary for maintenance or advancement in his/her employment setting. Comments:	
6. Assist the member to understand and fulfill necessary expectations for dress, hygiene, and demeanor applicable to the work environment. Comments:	

	<p>7. Assess, and if necessary, provide assistance to member regarding interaction with his/her supervisor, fellow employees, and the general public. Comments:</p>	
	<p>8. Provide as necessary short-term job coaching at the job site to assist the member in acclimating to the job. Comments:</p>	
	<p>9. Assist in educating employer and co-workers in the abilities and limitations directly related to the member and his/her job. Comments:</p>	
	<p>10. Assist the member in identifying and obtaining job enhancement (<i>e.g., pay increase, taking on more job responsibilities</i>) and promotional/progressive moves. Comments:</p>	
	<p>11. Other _____ Comments:</p>	

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 _____

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