

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 _____

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