|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Intake Date:** |  |
| **Vocational Goal:** | |  | | |

**Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action Items** | **Person(s) Responsible** | **Target Date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VR Client/Job Seeker Comments** | | | | | | | | |
| Acceptable work hours per week | | | |  | | | Acceptable wage range: |  |
| Transportation Plans | |  | | | | | | |
| Anticipated work supports needed | | | | |  | | | |
| *I agree to participate in this plan for employment services and understand that I am expected to take an active role in my job search. I will maintain regular contact with the CRP staff, attend all scheduled meetings, return all phone calls, and share any job leads I may receive. If circumstances arise that limit my ability to actively engage in this job search, I will notify the CRP staff as soon as possible.* | | | | | | | | |
| **VR Client Initials** | |  | | |

**Signatures**

By signing this plan I give my approval for the above actions to be implemented.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Client** |  | **Date** |
|  |  |  |
| **Guardian/Parent (if applicable)** |  | **Date** |
|  |  |  |
| **Employment Specialist** |  | **Date** |
|  |  |  |
| **VR Counselor** |  | **Date** |

***This document must be submitted to DVR with the authorization for Milestone Payment #1***