**Community Rehabilitation Provider (CRP)**

**Plan for Employment Provider Services**

***This document must be submitted directly to the VRC (not via CRP Billing email portal) immediately after completion of the CRP intake meeting with the client, prior to commencement of regular monthly services. (Not required for Progressive Employment Services and Pre-Employment Transition Services [Pre-ETS])***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Intake Date:** |       |
| **Date of Referral Meeting**:  |       | **Referral Date:** |       |
| **Vocational Goal:** |       |

**Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action Items** | **Person(s) Responsible** | **Target Date** |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8 |       |       |       |
| Action Plan Comments:      |
| **VR Client/Job Seeker Comments:**  |
| Acceptable work hours per week |       | Acceptable wage range: |       |
| Transportation Plans |       |
| Anticipated work supports needed |       |
| **ELECTRONIC SIGNATURE AGREEMENT****Consent to use Electronic Signatures:** You are agreeing to use Electronic Signatures, within this document, subject to the provisions of the U.S. E-SIGN Act (i.e., the Electronic Signatures in Global and National Commerce Act - ESIGN, [Publication 106-229](http://www.gpo.gov/fdsys/pkg/PLAW-106publ229/content-detail.html), 14 [Stat.](http://en.wikipedia.org/wiki/United_States_Statutes_at_Large) [464](http://memory.loc.gov/cgi-bin/ampage?collId=llsl&fileName=014/llsl014.db&recNum=0495), enacted June 30, 2000.     **What is an Electronic Signature:** An electronic signature can be as basic as a typed name or a digitized image of a handwritten signature.  You agree and consent the use of a key pad, mouse or other device to select an item, button, icon or similar act/action constitutes your signature, acceptance, and agreement as if actually the validity of your electronic signature; and the lack of such certification or third party verification will not in any way affect the enforceability of your signature.         *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.

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