

Vocational Rehabilitation

COOPERATIVE AGREEMENT FOR LONG TERM SUPPORT SERVICES

Vocational Rehabilitation & Blind Services is requesting Long Term Support Services for the following individual:

Client Name: _____ SS#: _____

VR Counselor: _____ Date: _____

SUPPORTED EMPLOYMENT FOLLOW-ALONG

As funded by the source noted below, the undersigned service provider agrees to provide ongoing and other support services needed to maintain this individual in Competitive Integrated Employment. Services will:

1. be based on the needs of the individual as specified in an Individualized Plan of Employment (IPE); and
2. include, at a minimum, twice-monthly monitoring of the individual to assess employment stability.

Funding Source

Developmental Disabilities Program

on DDP waiting list, no funding available currently

not known to DDP

DDP waiver funding available, SE Tier: _____

Extended Employment Program

Mental Health

Private Pay

Authorizing Signature

_____ do not sign if client is on waiver waitlist

_____ do not sign if client is not known to DDP

Provider Name and Location: _____

Provider Authorizing Signature: _____ Date: _____