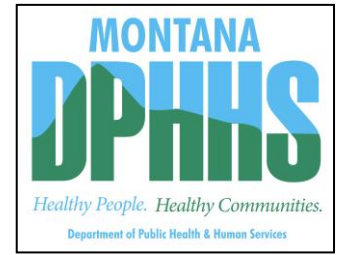


Vocational Rehabilitation & Blind Services
COOPERATIVE AGREEMENT FOR LONG
TERM SUPPORT SERVICES



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

Authorizing Signature

- | | |
|--|---|
| <input type="checkbox"/> Developmental Disabilities Program | _____ |
| <input type="checkbox"/> on DDP waiting list, no funding available currently | _____ do not sign if client is on waiver waitlist |
| <input type="checkbox"/> not known to DDP | _____ do not sign if client is not known to DDP |
| <input type="checkbox"/> DDP waiver funding available, SE Tier: _____ | _____ |
| <input type="checkbox"/> Extended Employment Program | _____ |
| <input type="checkbox"/> Mental Health | _____ |
| <input type="checkbox"/> Private Pay | _____ |

Provider Name and Location: _____

Provider Authorizing Signature: _____ Date: _____