



COMMUNITY REHABILITATION PROVIDER SERVICE PLANNING MEETING
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 DIVISION OF VOCATIONAL REHABILITATION
 SFN 1627 (6-2022)

Employment Service Being Requested			
<input type="checkbox"/> Student Work Experience	<input type="checkbox"/> Adult Work Experience		
<input type="checkbox"/> Job Development and Placement	<input type="checkbox"/> Supported Employment Services		
<input type="checkbox"/> Customized Employment (prior to CE job development)			
Client Name		Telephone Number	Cell Phone Number
Address		City	State ZIP Code
Best Day and Time to Schedule Appointments			

The following individuals were present at the services planning meeting. If an authorization to disclose information hasn't been completed by all attendees, ensure they are signed at the meeting.

Role	Name	Telephone Number	Email Address	Name of Agency (if applicable)
Individual				
Guardian if applicable				
Family Member				
Family Member				
Program Coordinator				
Residential Staff				
Developmental Disability Program Manager				
Care Coordinator				
Community Rehab Provider Staff				
Other				
Other				

List individual's abilities, capabilities and assets as identified by team members and agreed to by individual

EMPLOYMENT CONDITIONS

List Job Preferences and/or Vocational Goal

Approval of Vocational Rehabilitation (VR) counselor is required prior to finding employment in a different vocational goal.

Does individual have a resume or generic application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, name of person responsible for completing with the individual?
Does individual have all necessary documentation needed at time of hire? E.g., social security card, driver's license, id card, passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person Responsible for Providing Necessary Documentation	
Identify potential employers to submit applications	
Identify environmental conditions that should be avoided	
Minimum Hours to Work per Week	Maximum Hours to Work per Week
Minimum Hours to Work per Shift	Maximum Hours to Work per Shift
Are those hours negotiable? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Days of week the individual is available for work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Negotiable (Y/N)							

Consider the following when determining availability of work:

- Regular medical or therapy appointment
- Religious considerations
- Extracurricular activities
- Family commitments
- Other programming that may impact availability of work

Minimum Acceptable Wage per Hour	Is this amount negotiable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does client have a checking account for direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how would the client want to receive pay?
If account is needed to be set up, name of person responsible for setting up account	
Name of person responsible for financial reporting of wages	
Name of person responsible for getting wage information to financial reporter	
Method of Transportation to Work <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> City Bus System <input type="checkbox"/> Bike <input type="checkbox"/> Uber/Lyft <input type="checkbox"/> Transit <input type="checkbox"/> Taxi <input type="checkbox"/> Walk <input type="checkbox"/> Other (identify source): _____	
Will VR be assisting with cost of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Assistance VR will be Providing (i.e., bus pass, transit pass, gas)?	
How much of the transportation costs will VR be assisting with?	

How long will VR be providing transportation assistance?	
How far from the individual's residence can the work site be?	
Does the individual have any legal issues that may interfere with obtaining employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the issues	
Is the individual currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name and contact information for the probation/parole officer below.	
Name of Probation/Parole Officer	
Telephone Number	Email Address
Does the individual require job site accommodation(s), adaptation(s) and/or other support needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the what the individual needs	
Name of person responsible for ensuring job site accommodation(s), adaptations(s) and/or supports are in place.	
Does the individual have the needed clothing for interviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, the party responsible for obtaining and purchasing clothing	
Does the individual have the needed clothing for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, the party responsible for obtaining and purchasing necessary items	
Name of person responsible for making sure individual is properly attired for job search, interviews, and employment: (this may be the individual themself)	
Does the individual have an email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
Is individual able to independently access and respond to potential employer inquiries sent via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, name of person responsible for assisting individual in accessing email for information regarding employment	
Name of person responsible for contacting job coach regarding requests for interviews:	
Do parents/guardian want to be notified of employer interview requests and/or job offers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ensure contact information is listed on page 1	
Is this individual potentially eligible for the tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Comments	

Other Comments Continued