

Rehabilitation Division

Job Developer Name: _____
Job Developer Company: _____
Job Developer Contact: _____
Client Name: _____

Case ID: _____
Rehabilitation Counselor: _____
Date of Meeting: _____
Referral Date: _____

Job Developer Decision:

Accept:

I have completed the Intake Meeting and agree to provide requested and authorized job development services for this client. I will jointly develop an individualized job placement plan followed by the provision of significant job placement services if the client chooses to hire me

Reject:

I have completed the Intake Meeting and decline to provide job development services for this client at this time for the following reason(s): _____

Client Decision:

Accept:

I request this contractor provide me job placement assistance. I understand my Job Developer and I will work together to develop a job placement plan that takes into account my abilities as well as job placement needs. The job placement plan will include both my responsibilities and the Job Developer's responsibilities in helping me find employment. I will put forth good effort in my job search.

Reject:

I have met with and decline services from this Job Developer at this time for the following reason(s): _____

Job Developer Signature: _____ Date: _____
Client Signature: _____ Date: _____

Please submit the completed form to the referring Rehabilitation Counselor