

HOW TO COMPLETE THIS DOCUMENTATION FORM FOR VR CLIENTS

This Document verifies receipt of:

Career Counseling, Information and Referral

Name: Client name here Date: Date form is signed

14(c) Employer Name of the sheltered workshop/provider agency (most common) – or employer

Does the individual want to pursue competitive integrated employment?

Pick one Yes No Refusal to Participate **Make sure to inform them that if they don't participate they can't return to their subminimum wage job**

If the answer is No and/or Refusal to Participate, state the reasons that were brought up during the discussion:

If refuse to participate put this in this section: "the individual has been informed that they can't return to their subminimum wage employment without participating in this activity." Then have them sign and date the form.

SINCE THEY ARE ALREADY VR CLIENTS, THEY SHOULD WANT INTEGRATED EMPLOYMENT. If they agree to participate but do not want to pursue Community Integrated Employment then list their reasons. This is a partial list of potential reasons:

- Work history (bad experiences)
- Retired / "too old"
- No access to transportation
- Impact on disability benefits
- Parent not supportive
- No (or unstable) housing
- Impact on caregivers (e.g., foster care)
- Doesn't want to leave friends
- Not safe in the community
- "doesn't like VR"
- Ex-offender
- Health issues
- Limited Skills
- Behavioral plan

Spend a little time talking to them about working and hopefully they will change to "yes".

If the answer is "Yes" state the reasons brought up during the discussion

Since the individual is already a VR client (or applicant), this is the time to revisit work you have already done. List reasons they have given you for wanting to work in the community.

Identify next steps

If you have had at least one meeting with the individual, summarize the steps that you two are planning to take before developing the plan. If they are "in plan" list the steps of the plan. If already determined, list the employment goal and hours per week they plan to work.

If they are planning to remain in their subminimum wage job while at VR, ask them how long they plan to stay at that job and if they plan to stay there after they find competitive integrated employment. Briefly discuss the activities and services VR has provided to help the individual make informed choices.

Note any information and referral suggestions and next steps (if any at this time).

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Ask the individual to talk about their choices including employment goal and hours worked.

The individual, VR staff and the legal guardian (if any) sign and date the document

Print Name

Signature

Date

Print Legal Guardian Name

Legal Guardian Signature

Date

VR Staff Name

VR Staff Signature

Date

LAST STEPS:

- Scan the signed document
- Attach the scanned document to ORCA file and case note these services delivered
- Email the scanned document to the 14(c) employer (make sure they are on the individual's release of information) and to ann.balzell@state.or.us
- Give the original signed document to the individual and ask them to take it to the person who employs them at subminimum wage