



Oregon

Kate Brown, Governor

Department of Human Services

Vocational Rehabilitation

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**Memorandum of Understanding
Between
Department of Human Services,
Vocational Rehabilitation Services/
Work Incentive Network
and
INSERT PROGRAM NAME HERE
and
INSERT TRAINEE NAME HERE**

The Department of Human Services, Work Incentive Network (from here on designated as WIN), **INSERT PROGRAM NAME HERE** (from here on designated as Program) and **INSERT TRAINEE NAME HERE** (from here on designated as Trainee) enter this cooperative agreement to promote the Trainee's successful completion of the WIN Certification Program and to ensure that Trainee once fully certified will provide benefits planning services per best practices. In order to achieve these outcomes, the Department of Human Service's benefits counseling program, WIN, the Program and Trainee will:

- Work together to ensure quality benefits counseling services are provided and maintained in Oregon using national best practices
- Ensure that benefits counseling services are only provided by nationally or WIN certified benefits counselors.

WIN will:

- Provide and maintain a benefits counselors training and certification program;
- Provide free technical assistance to the Trainee;
- Make available to Trainee, once fully certified:

"Safety, health and independence for all Oregonians"
An Equal Opportunity Employer

- WIN sponsored technical trainings;
- Technical assistance from WIN by email, phone or electronic bulletin board on state specific benefits and work incentives issues;
- Regular technical assistance calls if deemed appropriate by WIN;
- WIN tools, forms and database templates;

Program will:

- Ensure the Trainee will be provided 6-8 weeks of **reduced workload** during the initial phase of the Certification Program;
- Ensure that the Trainee will have the support to complete the entirety of the Certification Program (see attached)
- Encourage the Trainee to seek technical assistance from WIN Central as needed;
- Meet as needed with WIN to review progress in achieving the outcomes and activities outlined in this MOU and address any issues or barriers;
- Consider following WIN's suggested processes and tools, including WIN's Benefits Counseling Fidelity Quality Assurance Model
- Ensure the Trainee once fully certified will maintain yearly WIN or other national certification in order to provide benefits counseling services in Oregon

Trainee will:

- Attend all trainings, conference calls, and tests as scheduled
 - Failure to attend each day of training or training calls will result in termination of Trainee's participation in the Certification Program
- Understand that there are **no** exceptions to the Certification Program
- Understand that a failed test score or incompleteness of any portion of the Certification Program will result in termination of the Trainee's participation in the Certification Program
- Provide WIN with three benefits counseling reports to be reviewed for a passing score in order to achieve full certification and will seek technical assistance from WIN as needed
- Maintain yearly WIN certification or other national certification if they continue to provide benefits counseling services in Oregon

This agreement neither negates nor diminishes:

- WIN's responsibilities to adhere to DHS rules and policies;
- The rights of individuals served by WIN;
- Program's responsibilities to adhere to their rules and policies and other federal policies and rules; and,
- The rights of individuals served by Program.

This agreement will be effective through 2023 or until such time that the Department of Human Services no longer operates the WIN, whichever occurs first; Program no longer maintains a WIN certified benefits counselor; Trainee no longer provides benefits counseling services. This agreement is subject to modification and/or continuation upon agreement by both Program and DHS, and termination by either party at any time.

SIGNATURES

Party 1: DHS/VR/Work Incentive Network

By: _____ Title: WIN Date: _____
NAME

Party 2: Program

By: _____ Title: Executive Director Date: _____
NAME

Party 3: Trainee

By: _____ Date: _____
NAME