**State of Rhode Island**

**Department of Human Services**

**Office of Rehabilitation Services**

40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX

TDD 711 ~ Spanish (401) 462-7791

# Job Development Agreement

Date:

Client - , ORS Vocational Rehabilitation Counselor -

 , and Provider (Agency & Job Developer) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that the job goal is: \_\_\_\_\_\_\_\_\_ \_\_ (**ORS Counselor fills in this goal**). This goal will be the same as written in the IPE and is the focus of the job search.

ORS VR Counselor needs to approve any change in job goals. If the IPE requires amendment, the Provider will facilitate a meeting among all parties (the Client, ORS Counselor, and Vendor) related to the proposed amendment.

Client- agrees to participate fully in their job search. Individual satisfaction with the job and services related to securing the job is expected.

**Job Developer/ORS Counselor will converse monthly to discuss progress toward securing employment. Resume will be provided prior to the first initial job development installment**

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature: