



# Vocational Rehabilitation and Blind Services Programs (VRBS) Montana Department of Public Health and Human Services

## Intake and Planning - Employment Plan Form

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employment Specialist: \_\_\_\_\_

Referring VR Counselor: \_\_\_\_\_

Client Job Goal: \_\_\_\_\_

Desired Work Parameters (ie. hours per day, days per week, time of day, etc.): \_\_\_\_\_

Expected Wage: \_\_\_\_\_

Accommodations Required: \_\_\_\_\_

### Employment Plan

Step 1:	Plan of Action:
Step 2:	Plan of Action:
Step 3:	Plan of Action:
Step 4:	Plan of Action:
Step 5:	Plan of Action:
Step 6:	Plan of Action:
Additional Information:	

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment Specialist Signature

\_\_\_\_\_  
Date