**Community Based Assessment - Intake Accept/Reject Form**

**(For Contracted Providers)**

Client Name:

Case ID:

Job Developer:

Rehabilitation Counselor:

Date of Meeting:

Job Developer Email:

Referral Date:

**Community Based Assessment Provider Decision:**

**Accept:**

[ ]  I have completed the Intake Meeting and agree to provide the requested and authorized Community Based Assessment services for this client.

**Reject:**

[ ]  I have completed the Intake Meeting and decline to provide Community Based Assessment services for this client at this time for the following reason(s):

**Client Decision:**

**Accept:**

[ ]  I request this contractor to provide me with Community Based Assessment services.

**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:

Legal Guardian or Representative Name:

Legal Guardian or Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please submit the completed form to the Statewide Coordinator or referring Rehabilitation Counselor