**Job Development Intake Accept/Reject Form**

Client Name:

Case ID:

Job Developer Name:

Rehabilitation Counselor:

Job Developer Company:

Date of Meeting:

Job Developer Contact:

Referral Date:

**Job Developer Decision:**

[ ] I have completed the Intake Meeting and agree to provide requested and authorized job development services for this client. I will jointly develop an individualized job placement plan followed by the provision of significant job placement services if the client choses to hire me

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

**Client Decision:**

**Accept:**

[ ]  I request this contractor provide me job placement assistance. I understand my Job Developer and I will work together to develop a job placement plan that takes into account my abilities as well as job placement needs. The job placement plan will include both my responsibilities and the Job Developer’s responsibilities in helping me find employment. I will put forth good effort in my job search.

**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:

Please submit the completed form to the referring Rehabilitation Counselor