

# EMPLOYMENT SERVICES AGREEMENT

## Community Support Employment or Extended Work Services

I choose \_\_\_\_\_ to provide employment services as described on my employment service plan.

I request that the Idaho Division of Vocational Rehabilitation assign a budget for me based on my vocational plan.

I understand that if there are problems or disagreements regarding my plan, I will meet with IDVR and other people involved to resolve these problems.

I authorize IDVR to pay the provider from my budget account for my services. I understand that I have the right to review monthly statements of services provided. I understand that I can ask to stop payments to my provider if I am not satisfied. Before the payment would be stopped, my provider and I have 30 days to try to solve the problem.

I authorize IDVR to pay \_\_\_\_\_ for the following services

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

Work Services  Community Supported Employment ( DD or  MH)

\_\_\_\_\_ hours per week

\_\_\_\_\_ hours per month

\_\_\_\_\_ @ hourly rate

\_\_\_\_\_ @ hourly rate

\_\_\_\_\_ X 50 weeks

\_\_\_\_\_ X 12 months

\_\_\_\_\_ Service amount

\_\_\_\_\_ total service amount

Transportation

\_\_\_\_\_ units ( mile,  day,  trip)

\_\_\_\_\_ per ( week,  month)

\_\_\_\_\_ @ rate

\_\_\_\_\_ X 50 Weeks OR 12 months

\_\_\_\_\_ Total transportation amount

Total annual budget = \_\_\_\_\_

Date Signed \_\_\_\_\_ Consumer's Signature \_\_\_\_\_

Legal Guardian's signature (if applicable) \_\_\_\_\_

IDVR authorization Signature: \_\_\_\_\_ Date authorized: \_\_\_\_\_