

# Extended Employment Services

Rocky Mountain Rehab, P.C.

## Extended Employment Plan

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

My work goal: \_\_\_\_\_

- Check One  
 Follow-along  
 Crew  
 Sheltered

- Check One  
 Initial Plan  
 Annual Review

We have agreed that Extended Employment services are required:

CRP provider:

Beginning date:

Frequency of services:

We agree that to maintain my work goal I need:

My responsibilities in maintaining my work goal are:

Schedule for reviewing my work goal:

A copy of this EEP was provided in an understandable format, which for me is:

Written English

Electronic format

Large print

Other (please describe):

By signing this document I understand and commit to the responsibilities in my Plan.

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

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

CRP Rep: \_\_\_\_\_

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