

Extended Employment Services

SERVICE AGREEMENT

Application for Supported Employment Follow-Along, Supported Employment Crew, or Sheltered Employment services is hereby made to Rocky Mountain Rehab, P.C. on behalf of the client named below:

Client name: _____ Last 4 digits of SS#: ____ _

VR counselor: _____

Projected/Actual IPE or EEP start date: _____

Please select one of the following options:

SHELTERED EMPLOYMENT (Status 51)

The CRP making application on behalf of the client named above certifies that it has the capacity to provide the ongoing support services necessary to enable this individual to continue to train for or prepare for integrated, competitive employment, unless the individual, through informed choice, chooses to remain in sheltered employment.



SUPPORTED EMPLOYMENT FOLLOW-ALONG (Status 52)

The CRP making application on behalf of the client named above certifies that it has the capacity to provide the ongoing support services necessary to maintain the individual in integrated, competitive employment.



SUPPORTED EMPLOYMENT CREW (Status 60)

The CRP making application on behalf of the client named above certifies that it has the capacity to provide the ongoing support services necessary to maintain the individual in integrated, competitive employment.



CRP representative signature: _____

CRP name: _____ Date: _____

By signing this Service Agreement the CRP named above understands and acknowledges that Rocky Mountain Rehab, P.C. reserves the right to reject any application for services. If the application is approved the client's name will be displayed in the CRP's member area at <http://www.rmree.com>. Client names will be displayed under the appropriate status in accordance with their necessary level of service.