



Vocational Rehabilitation and Blind Services Programs (VRBS) Montana Department of Public Health and Human Services

Intake and Planning - Employment Plan Form

Client Name: _____

Date: _____

Employment Specialist: _____

Referring VR Counselor: _____

Client Job Goal: _____

Desired Work Parameters (ie. hours per day, days per week, time of day, etc.): _____

Expected Wage: _____

Accommodations Required: _____

Employment Plan

Step 1:	Plan of Action:
Step 2:	Plan of Action:
Step 3:	Plan of Action:
Step 4:	Plan of Action:
Step 5:	Plan of Action:
Step 6:	Plan of Action:
Additional Information:	

Client Signature

Date

Employment Specialist Signature

Date