

Participant Acknowledgment

Name: _____

I have contacted the Opportunities for Ohioans with Disabilities (OOD) because I want to get and/or keep a job.

My preferred method of communication is:

In person

Email

Mail

Phone/Videophone

Cooperation and Progress

A good work ethic is to actively participate in all appointments and services prior to, and during, my employment. I can begin this pattern by actively participating in all services and meetings. OOD staff and I, together, will discuss my employment goal based upon my strengths, abilities and capabilities. If there are concerns that I may not be working toward getting a job or keeping a job, my counselor/coordinator will give me advice about how to do better. If, after that, I choose not to do better, s(he) will let me know that my case will be closed.

Request for Information

It is important to have the most up-to-date information regarding my disability so that an informed decision can be made about my eligibility and my plan for employment. I will provide information when I am asked to do so. Information can include such things as my social security number, treatment provider contact information, FAFSA, grades, etc. Two (2) requests for information that I am able to provide will be made. If I do not provide the information, my counselor/coordinator will conclude that I am not interested in receiving services.

Keeping my Counselor/Coordinator Informed

Staying in touch with OOD staff and service provider(s) shows that I am reliable. I will make sure that my counselor/coordinator has my most up-to-date contact information. Two (2) attempts will be made to reach me through phone calls, letters or emails, etc. I will return phone calls or emails within 48 hours (not counting weekends). If I receive a letter in the mail to contact my counselor/coordinator, I will do so within five (5) business days of the date of the letter. If I do not respond to the letter then my counselor will conclude that I am not interested in receiving services.

Keeping Appointments

If I cannot make an appointment, I will call my counselor/coordinator, service provider or educational contact to let them know and ask that the appointment be rescheduled. I understand that appointments may be rescheduled one time for emergency purposes only.

Completing Assignments

I will complete assignments given to me by the deadline. If I am having difficulty with an assignment, I will make sure that I ask for help. If I cannot complete an assignment by the deadline, I will ask for a new due date.

Social Security Award Letter

I understand that OOD is allowed, by federal and state law, to collect my social security number to help decide my eligibility for vocational rehabilitation services, and the number is necessary for OOD to do their job. My social security number will be kept confidential. OOD requires that I provide the right social security number, date of birth, and legal name. If I am a non-US citizen, residing in the United States, OOD requires that I have a work visa. Failure to provide my social security number and other key information will delay OOD from helping me with employment.

Signature of Acknowledgment

My signature shows that I understand that I have certain responsibilities while working with OOD, contractors and service providers. If I do not follow OOD's guidance, then OOD will determine that my case will be closed.

_____ Date: _____
Participant signature of acknowledgement
(Signature only required at initial interview)

_____ Date: _____
Parent/guardian signature of acknowledgement (if applicable)
(Signature only required at initial interview)

_____ Date: _____
Vocational Rehabilitation Counselor or Coordinator signature
Office Phone Number _____