



Name: _____

I have contacted Opportunities for Ohioans with Disabilities (OOD) because I want to prepare for, get, keep, advance in, and/or regain a job. This form outlines my responsibilities in the vocational rehabilitation (VR) process. If I do not complete these necessary requirements, I understand my case may be closed.

I know that I will be receiving some important information by U.S. Mail. In addition to receiving mail, my preferred method of receiving communication is indicated below. I understand that I am expected to respond if requested.

In person Email Fax Phone/Videophone

I understand that I will work with an OOD staff person (e.g. Counselor) or a VR contractor (e.g. Coordinator).

Social Security Number and Confidentiality

I understand that OOD is allowed, by federal and state law, to ask for verification of my Social Security number. My Social Security number along with other personal information will be kept strictly confidential. OOD requires that I provide my Social Security number, date of birth, and legal name. If I am a non-U.S. citizen, I must provide OOD documentation that I am allowed to work in the United States. Failure to provide my Social Security number and other key information will delay OOD from helping me prepare for, get, advance in, and/or regain a job.

Cooperation and Progress

To prepare for, get, keep, advance in, and/or regain a job, I can show that I have a good work ethic by attending all appointments, being on time and taking responsibility for my actions. My Counselor/Coordinator and I will discuss my job goal based upon my strengths, abilities and capabilities. My Counselor/Coordinator will talk with me if there is a concern that I am not working toward preparing for, getting, keeping, advancing in, and/or regaining a job.

Request for Information

I will provide information whenever I am asked, because I understand that it may be needed for me to continue receiving services. Examples may include medical records, work history verification, and Social Security number verification. If I don't respond after two (2) attempts, my Counselor/Coordinator may conclude that I am not interested in receiving services.

Staying in Touch

Staying in touch with my Counselor/Coordinator and service provider(s) shows that I am reliable and interested in preparing for, getting, keeping, advancing in, and/or regaining a job. I understand that it is my responsibility to make sure that my Counselor/Coordinator has my most up-to-date contact information.

Unless another timeframe is indicated by my Counselor/Coordinator, I will return phone calls, emails, and/or respond to letters from my Counselor/Coordinator within 48 hours (not counting weekends or holidays). If my Counselor/Coordinator is unable to reach me after two (2) attempts or I do not respond to

a deadline stated in a letter; my Counselor/Coordinator may conclude that I am either no longer interested in or not available for services.

I understand that an OOD representative may contact me during and/or following the closure of my case in efforts to conduct federally required surveys. I agree to allow contact to be extended to the following individual(s) for survey purposes only:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that I can revoke this consent, by written request, at any time.

Keeping Appointments

If I cannot make an appointment with a Counselor/Coordinator or service provider, I will contact the person(s) to let them know and ask that the appointment be rescheduled. I will also let them know if I am going to be late. I understand that appointments may be rescheduled one (1) time for emergency purposes only. If I continue to miss appointments or show up late, my Counselor/Coordinator may conclude that I am not able to make progress toward my job goal.

Completing Assignments

I will complete assignments by the deadline given. If I am having difficulty with an assignment, I will ask my Counselor/Coordinator or service provider(s) for help. If I cannot complete an assignment by the deadline, I will ask for a new due date. If I continue to miss deadlines, my Counselor/Coordinator may conclude that I am not able to make progress toward my job goal.

Verification of Employment

I understand that OOD requires that my employment will need to be verified with my Counselor/Coordinator at the end of 90 days of stable employment

Signature of Acknowledgment

I understand and accept the above listed responsibilities. In addition, I understand and accept that if I do not respond to OOD's requests and follow OOD's guidance or if my Counselor/Coordinator concludes that I am not making progress toward my job goal, my case may be closed.

Individual's Signature of Acknowledgement Date: _____

Individual's Parent/Legal Guardian Signature of Acknowledgement (if applicable) Date: _____

VR Staff or VR Contractor Signature Date: _____
Office Phone Number