

Community Based Assessment Agreement

(when CBA site is developed by a job developer)

Participant: _____ Work Site: _____
Case ID#: _____ Supervisor: _____
BVR Counselor: _____ Address: _____
Job Developer: _____ Phone: _____
Phone: _____ Phone: _____

Type of Assessment/Position: _____

Participant will be assessed in the following areas: _____

Specific tools, clothing, documents, or other items needed for assessment at the work site location:

Participant’s transportation to/from worksite: _____

Mutually agreed upon work schedule: _____

This agreement is entered into the _____ day of _____ 20____, for a work assessment of _____ hours, beginning on _____.

This agreement will not become effective until signed below by the Rehabilitation Counselor, as representative of the Division.

This agreement in no way obligates the work site to hire the participant. During the assessment, worker’s compensation and wages will be paid by the Rehabilitation Division through a temporary staffing agency.

The supervisor/worksite representative agrees to provide appropriate supervision to the participant and weekly progress reports to the job developer or counselor.

This agreement is made in good faith and is not legally binding. It may be modified or terminated in writing by any of the concerned parties. My signature on this document indicates agreement with the stated conditions.

Participant Date Worksite Representative Date

Rehabilitation Counselor Date Job Developer Date
Phone: _____

In case of emergency, if the job developer or counselor cannot be reached, please call _____ Monday-Friday (except holidays) and ask for the counselor’s supervisor or the supervisor in charge.