

# State of Nevada Bureau of Vocational Rehabilitation Job Development Services Intake Accept/Reject

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Contractor Name: \_\_\_\_\_  
Contractor Company: \_\_\_\_\_  
Contractor Phone: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Case ID#: \_\_\_\_\_  
Rehabilitation Counselor: \_\_\_\_\_  
Date of Meeting: \_\_\_\_\_

## **Contractor Decision:**

### **Accept:**

\_\_\_\_ I have completed the Intake Meeting and agree to provide requested and authorized job development services for this participant. I will jointly develop an individualized job placement plan followed by the provision of significant job placement services if the participant chooses to hire me.

### **Reject:**

\_\_\_\_ I have completed the Intake Meeting and decline to provide job development services for this participant at this time for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Participant Decision:**

### **Accept:**

\_\_\_\_ I request this contractor provide me job placement assistance. I understand my contractor and I will work together to develop a job placement plan that takes into account my abilities as well as job placement needs. The job placement plan will include both my responsibilities and the contractor's responsibilities in helping me find employment. I will put forth good effort in my job search.

### **Reject:**

\_\_\_\_ I have met with and decline services from this contractor at this time for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form to the Business Development Team at [businessdevelopment@detr.nv.gov](mailto:businessdevelopment@detr.nv.gov)