



Date: \_\_\_\_\_

Renewal: Y N

# Supported Employment Agreement

## Client Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Number: ( ) - Type: Cell Home Other

Date of birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

## Guardian Information: (If no guardian, please leave this section blank)

Does client have a guardian? Yes No

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: ( ) - Type: Cell Home Work Other

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: ( ) - Type: Cell Home Work Other

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: ( ) - Type: Cell Home Work Other

## Services:

Summit Pointe YES or NO Case Manager: \_\_\_\_\_

DHHS YES or NO Case Manager: \_\_\_\_\_

MRS YES or NO Case Manager: \_\_\_\_\_

## Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_

## Agreements/ Releases/ Notices

### Description

Supported Employment includes career planning and discovery, job-development, placement, and job-coaching. Financial and benefits counseling related to Supported Employment is also available for clients.

Supported Employment needs vary based on the unique barriers to employment of the individual with IDD, support is offered to obtain employment and retain employment through necessary supports; which can include navigating transportation barriers, resource connection, accommodations supports, workplace training, communication assistance, etc.

### Notice

The Arc is not an employer for Supported Employment, nor does it promise the outcome of employment. The goal is for the client to become employed by a community employer, however the time that it takes to reach that goal can be different for each client.

I certify that I have read the *Description* and *Notice*, fully understand its terms and conditions, and have been given the opportunity to ask questions.

### Client Responsibilities

1. Any client who will be late or absent from Supported Employment must notify The Arc with advanced notice when possible.
2. Clients will adhere to all safety requirements specific to each activity engaged in.
3. Clients will coordinate/arrange transportation, as transportation is not guaranteed by The Arc.
4. Clients will wear appropriate attire, relevant to the position desired to obtain.

### The Arc Responsibilities

1. Supported Employment efforts relate to the client's interests and goals.
2. Daily attendance is collected.
3. A written evaluation of client's progress will be completed daily.

### Media Consent and Release Liability

Throughout the year, clients may be highlighted in effort to promote The Arc of Calhoun County or the achievements of the clients. This includes newspaper, radio, TV, DVDs, brochures, social media, website, and any other types of media. Clients could be interviewed or photographed for various purposes or achievements they have reached.

I, hereby, give The Arc of Calhoun County and authorized media organization permission to print, photograph, and record for use in electronic, digital, and printed media.

- a) I am aware that I will not receive monetary compensation for my participation in media, unless otherwise contracted.
- b) I further release and relieve The Arc of Calhoun County, its Board of Directors, employees, and other representatives from any liabilities known or unknown that may arise out of the use of this material.

I certify that I have read the *Media Consent and Release Liability* statement, fully understand its terms and conditions, and have been given the opportunity to ask questions.

**Notice of Non-Discrimination**

It is the policy of The Arc of Calhoun County not to discriminate on the basis of race, ethnicity, national origin, sexual orientation, gender, age, disability, height, weight, or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director, Leah Ortiz, 44 W. Michigan Avenue, Battle Creek, MI. 49017. Upon request, The Arc of Calhoun County will make reasonable accommodations for a person with a disability to participate in programming.

**Consent**

By signing below, I certify that I have read and understand this *Agreement*, including the *Media Consent, Release Liability*, and the *Notice of Non-Discrimination*.

I have completed this agreement to the best of my ability and certify that all items listed are factual to the best of my knowledge. I have met with a representative of The Arc to discuss goals and ask questions.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

The Arc Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Arc of Calhoun County**

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