

# HVRP Manual Sample Forms

*This a sample form and does not mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.*

## HVRP Participant Agreement

I (Print Your Name) \_\_\_\_\_, do agree to participate in all program activities as discussed with my Case Manager, and have agreed that these activities are necessary for the successful achievement of permanent, full-time employment.

I further agree to the following:

1. Within the first 30 days: Provide State Issued Identification (preferably Colorado), Social Security Card, a copy of DD214, and a Resume.
2. Keep my HVRP Case Manager aware of any changes, i.e.: change in residence, employment (FT/PT/etc), disability status, retirement or other pension status.
3. Contact my HVRP Case Manager at least 2 times a month either face to face, by phone or by other arrangements agreed upon with my Case Manager.
4. Keep all appointments, unless rescheduled 24 hours in advance.
5. Follow all rules, procedures and processes as outlined in my Individual Employment Plan (IEP) and as discussed with my HVRP Case Manager.
6. I will keep my HVRP Case Manager informed of problems I may encounter that hinder my employment or employment activities.

In return, I understand that I am eligible for the following services, intended to help me gain permanent, full-time employment:

1. Referrals for supportive services to assist me with transportation, housing, legal services, training, etc. This includes other services that I may request assistance obtaining throughout the course of my employment.
2. Upon gaining permanent, full-time employment, transportation assistance to get to and from my place of employment for up to three months after initial job placement.
3. Any tools, uniforms, or equipment necessary for me to begin working that I may not otherwise be able to obtain.
4. Retention bonuses for maintaining my employment for 3, 6 and 9 months.
5. Other supportive services that may come available during my enrollment period as provided by my case manager.

I fully understand that in order to maximize the opportunities provided through HVRP, I must comply with the requirements of this agreement.

Veteran's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HVRP Case Manager (Initial): \_\_\_\_\_ Date: \_\_\_\_\_