

# 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.*

## Individual Employment Plan

<b>NAME</b>	
<b>ADDRESS</b>	
<b>TELEPHONE</b>	

My goal is: \_\_\_\_\_

Completed: \_\_\_\_\_

I need to do these steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Services I Need to Reach My Work Goal...

1. Service: \_\_\_\_\_

Starting on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Cost: \_\_\_\_\_

Other benefits: \_\_\_\_\_

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

\_\_\_\_\_  
Vocational Specialist Date \_\_\_\_\_

\_\_\_\_\_  
Case Manager Date \_\_\_\_\_