**Participation Agreement**

I, Click here to enter Participant name., agree to participate in all Click here to enter Program name. activities as discussed with my Case Manager. I also agree that these activities are necessary for the successful achievement of permanent employment. I further agree to the following:

1. Within the first Click here to enter timeframe (e.g., two weeks or 30 days). of enrollment, provide copies of the following:

* DD-214/HINQ
* State Issued Identification or Driver’s License
* Social Security Card, Birth Certificate, or passport
* Resume

1. Inform my HVRP Case Manager of any changes in employment status, residence, disability status, contact information, or benefits.
2. Contact my HVRP Case Manager:

* at least Click here to enter contact frequency (e.g., weekly, at least twice per month). either face to face or by phone until I am employed; and
* Click here to enter frequency (e.g., monthly for the first 90 days and then quarterly). after employment placement.

1. Keep all appointments scheduled, unless rescheduled at least Click here to enter number of hours. hours in advance.
2. Actively engage in my job search until employment is obtained.
3. Follow all rules, procedures and processes as outlined in my Individual Employment Plan (IEP) and as discussed with my HVRP Case Manager.
4. Keep my HVRP Case Manager informed of problems or challenges I encounter that may hinder my employment or employment activities.

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

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

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

### Signatures:

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