



DVR Division of Vocational Rehabilitation

STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 DIVISION OF VOCATIONAL REHABILITATION

**Customer Internship Program
 Internship Agreement**

This form outlines the job duties, wages/salary, expected schedule, contact information and the terms of DVR reimbursement for the host employer.

CUSTOMER'S NAME																		
ADDRESS		CITY	STATE ZIP CODE															
TELEPHONE HOME	CELL	EMAIL ADDRESS																
EMERGENCY CONTACT NAME		TELEPHONE NUMBER																
Internship Program																		
JOB TITLE																		
JOB DUTIES																		
BEGIN DATE	END DATE	WAGE \$ /hour	EXPECTED WORK SCHEDULE (DAYS AND HOURS/WEEK)															
DVR services provided to support the internship:																		
Employer Information																		
EMPLOYER		INTERN SUPERVISOR																
ADDRESS		CITY	STATE ZIP CODE															
TELEPHONE	CELL	EMAIL ADDRESS																
EMERGENCY CONTACT NAME		TELEPHONE NUMBER																
<p>_____ is responsible for paying wages directly to _____.</p> <p>DVR will pay _____ for internship expenses as follows:</p> <table style="width:100%; border:none;"> <thead> <tr> <th style="width:20%;">DATE</th> <th style="width:30%;">AMOUNT</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>Total amount for up front costs (if any)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Total amount for first month</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Total amount for second month</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Final payment for third month</td> </tr> </tbody> </table>				DATE	AMOUNT		_____	_____	Total amount for up front costs (if any)	_____	_____	Total amount for first month	_____	_____	Total amount for second month	_____	_____	Final payment for third month
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_____	_____	Total amount for second month																
_____	_____	Final payment for third month																
Termination of Customer Internship																		
If the internship is terminated, the employer may receive payment for the month in which the internship was terminated. If the individual works significantly fewer hours than originally agreed-upon, the fee is renegotiated.																		

DVR Counselor Information			
DVR COUNSELOR'S NAME			
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE	CELL	EMAIL ADDRESS	
EMERGENCY CONTACT NAME		TELEPHONE NUMBER	
DVR Intern Responsibilities			
<ol style="list-style-type: none"> 1. Work the agreed upon Internship schedule and maintain regular attendance; 2. Notify the employer in advance of any absence; 3. Maintain at least monthly contact with the DVR counselor; request additional DVR services or support, if needed; 4. Follow supervision of the employer and perform assigned job duties; 5. If this is a paid internship, work with DVR counselor to understand how income will impact benefits; 6. Other: 			
DVR Counselor/Representative Responsibilities			
<ol style="list-style-type: none"> 1. In advance of a paid internship, help the customer understand how a paid internship will impact benefits; 2. Provide identified VR services to support the internship; 3. Maintain at least monthly contact with the customer; 4. Pay the employer according to the agreed-upon schedule; 5. Be available, upon request, to visit the internship site; 6. Identify any reasonable accommodations that will be needed by the intern to perform the essential job functions of the internship, and reimburse all employer costs to implement these accommodations; 7. Contact the employer at least monthly to check in and monitor progress; 8. Fax a copy of the completed agreement form to the State Office Internship Coordinator at fax number (360) 438-8007; 9. Other: 			
Employer Information			
<ol style="list-style-type: none"> 1. Provide DVR with itemized cost estimate for sponsoring internship; 2. Complete necessary paperwork to get set-up as a DVR vendor; 3. Employ and supervise the intern as outlined in the agreement; 4. Pay wages, payroll taxes, and worker's compensation; 5. Implement the agreed upon reasonable accommodations necessary for intern to perform the essential job functions of the internship (associated costs will be reimbursed by DVR); 6. Notify the DVR counselor/representative of any problems or concerns that arise; 7. Complete the Intern Evaluation Form at the end of the internship. 			
DVR CUSTOMER'S SIGNATURE		DATE	
DVR COUNSELOR'S SIGNATURE		DATE	
EMPLOYER'S SIGNATURE		DATE	