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|  |  STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF V OCATIONAL 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 |
|  is responsible for paying wages directly to  .DVR will pay  for internship expenses as follows: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  |
| **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. |

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| **DVR Counselor Information** |
| DVR COUNSELOR’S NAME |
| ADDRESS CITY STATE ZIP CODE |
| TELEPHONE CELL | EMAIL ADDRESS |
| EMERGENCY CONTACT NAME TELEPHONE NUMBER |
| **DVR Intern Responsibilities** |
| 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:
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| **DVR Counselor/Representative Responsibilities** |
| 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:
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| **Employer Information** |
| 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.
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| DVR CUSTOMER’S SIGNATURE | DATE |
| DVR COUNSELOR’S SIGNATURE | DATE |
| EMPLOYER’S SIGNATURE | DATE |