



**DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
40 Fountain Street ~ Providence, RI 02903
401.421.7005 (V) ~ 401.421.7016 (TTY)**

“Helping individuals with disabilities to choose, find and keep employment”

**Provider Agreement to
Provide On-Going Support Services**

_____ enters into an agreement to provide the On-Going Support Services
(Provider)

for _____, under his/her Individualized Plan for Employment (IPE) with the
(Client)
Office of Rehabilitation Services.

The On-Going Support Services will be individualized and clearly defined to assist the above-named to maintain competitive community integrated employment.

It is understood that the Office of Rehabilitation Services will purchase the intensive time-limited on-going support services through fee for service and that the provider will continue with the extended on-going support provision or monitoring of the extended on-going support provision once the need for intensive services according to the IPE is completed.

It is understood that at a minimum the extended on-going support provision is two contacts with the individual employee per month, at the work site unless the IPE specifies that support provision will take place off site, and that individual requirements as stated on the IPE may include more support services than the minimum requirements.

It is understood that Extended Service Agreements may be monitored by the Office of Rehabilitation Services as part of program evaluation once the case is closed with the state agency.

(Provider Signature) (Date)

Copy given to Provider

(Counselor Signature) (Date)

Copy given to Customer