State of Illinois
Department of Human Services

Responsibility and Services Plan - Vocational Rehabilitation Services

Customer Name: _____

Case Number: _____

☐ **611 - VOCATIONAL REHABILITATION SERVICES** (NON-CORE)

Start Date: [   ]   **Weekly Hours Assigned:** _____

Provider: _____

Action Steps

		Date Added
☐ Contact: _____ to schedule an appointment by: _____ (Date)		[ ]
☐ Cooperate with the evaluation process.		**Date Added** [ ]
☐ Report to activities on time.		**Date Added** [ ]
☐ Follow through with recommended activities.		**Date Added** [ ]
☐ Attend meetings with your caseworker and rehabilitation provider as requested.		**Date Added** [ ]
☐ Respond to letters sent by DHS and your rehabilitation provider as requested.		**Date Added** [ ]
☐ Turn in verification of time you spent in this activity: _____ (How often or by date)		**Date Added** [ ]
☐ Attend case management meeting: _____ (How often or by date)		**Date Added** [ ]
☐ _____		**Date Added** [ ]
☐ _____		**Date Added** [ ]
☐ _____		**Date Added** [ ]

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