



## Work Try-Out Agreement Form

Consumer Name: \_\_\_\_\_ CaMS ID #: \_\_\_\_\_  
 Counselor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 EMail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Community Provider Staff Name (If Applicable): \_\_\_\_\_

### WTO Details:

Job Title: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Total # Hours Authorized: \_\_\_\_\_ Hourly Wage Rate: \_\_\_\_\_

### The employer selection must be consistent with the following criteria:

- 1 The employer is willing and able to assess the individual in specific skills needed for the job and to provide adequate supervision.
- 2 The employer will place the individual on the payroll for the starting wages of the job and cover Worker's Compensation, Social Security and Unemployment Insurance.
- 3 The employer agrees to participate in ACCES-VR's payment method of wage reimbursement, including use of any comparable benefit to defray the cost to ACCES-VR.
- 4 The employer will assure that all Department of Labor standards for wage, hours and safety are met.
- 5 Any additional wage costs for overtime will be the responsibility of the employer.
- 6 The employer will apply all benefits and company policies available to other employees in a similar job status.
- 7 The employer, or as appropriate the community rehabilitation provider (CRP), will immediately notify the ACCES-VR Counselor of any problems or concerns with the program.
- 8 WTO's shall not be authorized in circumstances where the individual would be considered an independent contractor.
- 9 WTO's may be authorized with for-profit businesses and not-for-profit businesses, including community rehabilitation providers (CRP).
- 10 For WTO as a placement incentive, the employer must have the financial means and intend to hire the individual upon successful completion.

### A written assessment report must be submitted with a payment request.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Title: \_\_\_\_\_

Employer Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Corporation: Yes  No  Public/Govt or Part of: Yes  No