

## **Vocational Rehabilitation-Independent Living Employment Outcomes Partnership Project**

### **New VR-IL Collaborations**

VR-IL collaborations can be expected to grow. Alliances with ILCs through fee-for-service agreements, matching funds, and similar reimbursement plans or other non-financial arrangements offer VR agencies important strategies for expanding consumer choice and enhancing employment strategies. Increasingly, ILC consumers see competitive employment as vital to their overall goals of independent living, and ILCs seek to expand their employment-related services. In general, the collaborations that took part in the VR-IL Project were optimistic about the potential for such partnerships to develop elsewhere. They repeatedly stressed that the VR and ILC communities must acknowledge historic differences, respect each others' expertise and resources, and resolve to work together to help consumers meet their employment goals.

We encourage ILCs, VR agencies, SILCs, consumers, researchers, and others to contribute to the base of knowledge about VR-IL collaborations. Readers are invited to submit information about new collaborations and existing partnerships that were not described in this directory. If you have any materials that describe your program, please feel free to send them along. We will post this information on our web site periodically.

You may submit your information about new collaborations by filling out the form below, or by using one of the alternative submission methods listed at the end of this form.

ILC Involved in Collaboration: \_\_\_\_\_

Head of ILC: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

TDD: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

VR Agency Involved in Collaboration: \_\_\_\_\_

Head of VR: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

TDD: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name of Collaborative Program or Practice  
(Working Title for the Employment Outcome Collaboration):**

\_\_\_\_\_

**Key Contact Person for Collaborative Employment Program / Practice:**

\_\_\_\_\_

Address (if different from either ILC or VR): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

TDD: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Brief Description of Collaboration Goals and Objectives:**

---

---

---

---

---

---

---

**Target Population (geographical area, disabilities, age groups, etc.):**

---

---

---

---

---

---

---

**Structure of the Collaboration  
(informal, fee for service, work agreement, cross-housing of staff, etc.):**

---

---

---

---

---

---

---

**Sources of Funding for the Collaboration:**

---

---

---

---

---

---

---

**Types of outcomes assessed:**

---

---

---

---

---

---

---

**Number of staff involved form both the ILC and VR agency: \_\_\_\_\_**

**Other public or private agencies involved in the collaboration, if any:**

---

---

---

---

---

---

---

Efforts to market the collaboration to employers:

---

---

---

---

---

---

---

Your Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return the completed form to:

***InfoUse***

2560 Ninth Street, Suite 216  
Berkeley, CA 94710

Voice: 510 - 549 - 6520  
Fax: 510 - 549 - 6512  
TDD: 510 - 549 - 6523