

**CONSENT TO PARTICPATE IN EMPLOYMENT PROGRAM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the **Amazing Love Health Services, LLC** Rehabilitation Services Administration Employment Program. I agree to participate in the implementation of my Individualized Plan for Employment (IIPE), actively participating in all job search processes within my community.

Person’s Signature Date

Witness Signature Date

***This consent is valid for one year from the date of signature.***