

**1. INDIVIDUAL INFORMATION**

Name	Case Number

**2. VOCATIONAL SERVICES NEEDED TO REACH/PROGRESS TOWARD MY GOAL (CONTINUATION)**

**Service 1**

Service	Begin Date (MM/DD/YYYY)
Detailed description or service specifics	
Vendor or Service Provider Name	
Funding Source(s)	

**Service 2**

Service	Begin Date (MM/DD/YYYY)
Detailed description or service specifics	
Vendor or Service Provider Name	
Funding Source(s)	

### Service 3

Service	Begin Date (MM/DD/YYYY)
Detailed description or service specifics	
Vendor or Service Provider Name	
Funding Source(s)	

### Service 4

Service	Begin Date (MM/DD/YYYY)
Detailed description or service specifics	
Vendor or Service Provider Name	
Funding Source(s)	

### Service 5

Service	Begin Date (MM/DD/YYYY)
Detailed description or service specifics	
Vendor or Service Provider Name	

Funding Source(s)

**Service 6**

Service Begin Date (MM/DD/YYYY)

Detailed description or service specifics

Vendor or Service Provider Name

Funding Source(s)

**Service 7**

Service Begin Date (MM/DD/YYYY)

Detailed description or service specifics

Vendor or Service Provider Name

Funding Source(s)

**4. COMMENTS**

Provide Additional Comments or Details

## 5. PERMISSION AND SIGNATURES

- I give permission for Vocational Rehabilitation and the school/facility of my choice and/or SSA to share financial and other information to carry out my Individualized Plan for Employment (IPE).
- I understand that the Office of Vocational Rehabilitation (OVR) services depend on the availability of State and Federal funds and/or openings at facilities/schools.
- If I have questions or concerns that cannot be addressed by my Rehabilitation Counselor, I will consult the Guide to KY OVR Services to find information on my rights, responsibilities, and the Client Assistance Program.
- I was given a copy of my Individualized Plan for Employment (IPE) by mail or electronically and am aware that my work plan will be reviewed annually.



Individual's Signature

Date (MM/DD/YYYY)



Parent / Guardian Signature

Date (MM/DD/YYYY)



Vocational Rehabilitation Counselor's Signature

Date (MM/DD/YYYY)



Branch Manager's Signature (if applicable)

Date (MM/DD/YYYY)



Director of Field Services Signature (if applicable)

Date (MM/DD/YYYY)



Assistive Technology Branch Manager Signature (if applicable)

Date (MM/DD/YYYY)

**Note:** The IPE Continuation may be attached to an IPE or IPE Amendment when required services exceed the space available on these forms. The IPE Continuation must be completed at the same time as the IPE or IPE Amendment. Both forms must be signed, and dated and the dates must match.

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