

Kentucky Office of Vocational Rehabilitation

Individualized Plan for Employment (IPE) Continuation Form

Instructions

The purpose of this form is to give instructions of the IPE Continuation form. The IPE Continuation form is utilized when more services are needed than are on the IPE or the IPE Amendment

Name Enter the first and last name of the consumer.

Case Number Enter the six-digit case number of the consumer.

Services

Please use these directions for filling in the information for each service (can enter up to 7 services)

Service Select the service that the agency will provide.

Begin Date (MM/DD/YYYY) Enter the date that the service will begin using MM/DD/YYYY format

Detailed Description/Service Specifics Enter any specific information and details for the service.

Vendor/Service Provider Name Enter the vendor or service provider who will provide the service to the consumer.

Funding Source Enter the source of the funding for the service. This could be a vendor or the agency.

Comments

Enter any comments about any of the services that were not mentioned under the service specific information under each service section.

Permission/Signatures

Please read the permissions to the consumer or have them read the permissions before signatures are completed. Please have the appropriate staff sign the plan depending on which signatures are required. Please consult the counselor's manual for questions. Utilize the form in DocuSign if it is to be completed electronically. If the form is completed in person, please make sure the form is uploaded into CMS once it is signed.