Kentucky Career Center
Vocational Rehabilitation

Kentucky Office of Vocational Rehabilitation

Individualized Plan for Employment (IPE)

Instructions

The purpose of this form is to guide the vocational rehabilitation counselor as they fill out the plan with the individual. The IPE contains services that are utilized to address the limitations of the individual and relate to the achievement of the employment goal.

Name

Enter the first and last name of the individual.

Case Number

Enter the six-digit case number of the individual.

IPE Goal

Select whether the goal is an employment outcome or a PPSEO.

Employment Outcome/Goal

Enter the employment outcome or goal.

SOC Code

Enter the six-digit SOC Code

Month/Year to complete the work plan

Enter a two-digit month and four-digit year for the completion of the plan.

Supported Employment

Supported Employment Status

Select the appropriate status of the case as it relates to supported employment

Extended (i.e., Long-term support) services needed	Enter the extended services needed
Extended services provided by	Enter who will provide the extended services

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 individual.
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.

Resources available to me that I will use throughout my rehabilitation program:

These can be considered the comparable benefits that an individual might utilize throughout their program.

Service — Select the service that has been provided.

Service Provider — Enter the provider providing the service.

Description of Service Provided — Enter any information about the service

My Responsibilities

Share the responsibilities of the individual with the individual and ask if they understand them.

Office of Vocational Rehabilitation Responsibilities

Share the responsibilities of the agency with the individual and ask if they understand them.

Individual status can be shared with other workforce partners to confirm the individiual's eligibility for WOTC. — Check if the individual agrees that their information can be shared with other workforce partners to confirm the individual's eligibility for WOTC.

SSI and/or SSDI Recipients

Share this information with individuals if they are SSI and/or SSDI recipients.

Voter Registration

The agency must offer an opportunity to register to vote at time of application and if there is an address change.

Has the individual had a recent address change, name change, or voter eligibility status change?	Select yes or no
If yes, please select the appropriate option.	Select if they are already registered, completed a registration at the time of application, or declined the offer to register to vote.

Education/Training/Skills

Please complete this section if the individual has achieved a diploma, degrees, certificates, license, or credential since they have applied for services.

Training Credentials	Please select the training credentials achieved since the time of application
Other Diploma, Certificate, or Credential	Please enter any other diploma, certificate, or credential not listed in the previous question that was achieved since application
Date Achieved	Enter the date that the credential was achieved using MM/DD/YYYY format

Permission/Signatures

Please read the permissions to the individual 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.