

10/2020

Kentucky Office of Vocational Rehabilitation Individualized Plan for Employment (IPE)

Name:

Case Number:

Specific Employment Outcome/Projected Post-School Employment Outcome (PPSE0):
SOC Code/PPSEO Code:

I will complete my work plan and expect to be working by: (Mo./Yr.)

The following Vocational Services are needed to reach the Specific Employment Outcome/PPSEO listed above:

Service:	Provider:	Funding Source/ Comparable Benefits	Beginning Date (Mo./Yr.)	Other Information
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Other resources available to me that I will use throughout my rehabilitation program:

<i>Benefit</i>	<i>Service</i>	<i>Benefit</i>	<i>Service</i>
Adult Basic Education		Medicaid/Medicare	
Career (One-Stop) Center/OET		Pell/KHEAA Grant	
Community Mental Health		SSI/SSDI	
Food Stamps/TANF/K-TAP		Veterans Benefits	
Health Insurance-Private		Other	
Local Health Dept./Clinic		Other	
Local School District		Comparable Benefits Not Available	N/A

I am receiving supported employment services and the extended services I will need after my case is closed is:

Provided by:

I was identified as needing supported employment services, but they are not currently available in my area. My counselor will continue to seek supported employment services for me.

Criteria used to evaluate progress towards employment outcome will be: Obtaining and/or maintaining employment.

My responsibilities:

- ❖ To cooperate in carrying out this program and actively participate in the attainment of my work goal.
- ❖ To participate financially in my Vocational Rehabilitation program to the best of my ability.
- ❖ To *apply* for and secure any and all comparable benefits and notify my counselor of receipt or denial of these benefits.

Office of Vocational Rehabilitation Responsibilities:

- ❖ To inform the consumer of choices during the Vocational Rehabilitation process.
- ❖ To coordinate and provide services without regard to race, creed, color, sex, national origin, age, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.
- ❖ To provide the consumer with a copy of the plan, and review your Individualized Plan for Employment annually, and amend as necessary.

I agree that consumer status information may be shared with Workforce Development partners as needed to confirm employer's eligibility for Work Opportunity Tax Credit.

[Supplemental Security Income \(SSI-Blind or SSI-Disabled\) and Social Security Disability Insurance \(SSDI\) Recipients](#)

The Social Security Administration considers my Ticket to Work (TTW) to be "in-use" upon signing this plan with the Office of Vocational Rehabilitation (OVR). I am aware that OVR will submit my information to MAXIMUS, the TTW Operations Support Manager, to indicate my participation. Continuing Disability Review (CDR) protection is an incentive of the TTW program. I understand that I am responsible for meeting the TTW timely progress requirements to maintain my CDR protection and that OVR may report my progress upon request to MAXIMUS. I understand that CDR protection may be extended after case closure if I assign my TTW to an Employment Network within 90 days. If I have additional questions or concerns about TTW, I can call 1-866-968-7842 (TTY 1-866-833-2967) for further information.

I give permission for Vocational Rehabilitation and the school/facility of my choice and/or SSA to share financial and other information in order to carry out my Individualized Plan for Employment. I understand that Office of Vocational Rehabilitation 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 Consumer Guide to find information on my rights, responsibilities, and the Client Assistance Program. I was given a copy of my Individualized Plan for Employment and am aware that my work plan will be reviewed annually.

Consumer Signature

Date

Parent or Guardian Signature

Date

Vocational Rehabilitation Counselor Signature

Date

This IPE is not in effect until signed by the consumer (and/or parent or guardian as appropriate) and the counselor.