

Directions for IPE form

1. Put in consumer name and case number.
2. Put in a vocational goal.
3. Choose SOC Code or PPSEO.
4. Put in date of completion for goal.
5. Pick a reported service in the dropdown.
6. Put in details of the service in the service specific box.
7. Put in a vendor/service provider.
8. Put in a beginning date with a two number month, two number day, and two number year.
9. Use the Other box to put in any final details about the service.
10. Pick a comparable benefit/service provider type from the dropdown or N/A and the service it is providing
11. Please choose the option in the dropdown box if they are receiving supported employment services and who is providing those services.
12. If they should be receiving supported employment services and services are unavailable, please choose that option in the dropdown.
13. Please check the box stating that information may be shared with workforce partners as it relates to the Work Opportunity Tax Credit.
14. If the consumer has had an address change at the time of the IPE, please check the box for yes and check the box that is appropriate just like at the time of application.
15. Please choose the credential that they have achieved at this point or type in the credential if it is not represented in the dropdown box.
16. Please make sure that all the appropriate signatures are on the IPE.

Directions for IPE Amendment

1. Put in consumer name and case number.
2. Put in a vocational goal.
3. Put in date of completion for the goal.
4. Please check add, remove, or change for each service as it is appropriate.
5. Pick a reported service in the dropdown.
6. Put in details of the service in the service specific box.
7. Put in a vendor/service provider.
8. Put in a beginning date with a two number month, two number day, and two number year.
9. Use the Other box to put in any final details about the service.
10. Pick a comparable benefit/service provider type from the dropdown or N/A and the service it is providing.
11. Please choose the option in the dropdown if they are receiving supported employment services and type in who is providing who is providing those services.

12. If they should be receiving supported employment services and services are unavailable, please choose that option in the dropdown.
13. Please check the box for incidental expenditures if it applies.
14. If the consumer has had an address change at the time of the IPE, please check the box for yes and check the box that is appropriate just like at the time of application.
15. Please choose the credential that they have achieved at this point or type in the credential if it is not represented in the dropdown box.
16. Please make sure the appropriate signatures are on the IPE Amendment as appropriate.

Directions for Continuation form

1. Put in a consumer name and case number.
2. Pick a reported service in the dropdown.
3. Put in details of the service in the service specific box.
4. Put in a vendor/service provider.
5. Put in a beginning date with a two number month, two number day, and two number year.
6. Use the Other box to put in any final details about the service.
7. Please make sure that all appropriate signatures are on the continuation form as appropriate.