

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

**Name:**

**Case Number:**

I want to change my work goal from \_\_\_\_\_ to \_\_\_\_\_  
(include SOC code)

I intend to complete my work plan and expect to be working by: \_\_\_\_\_

**Changes necessary to meet my goal:**

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**Add, Change, or Remove a Service:**

**Service:**

**Service Specifics:**

**Vendor / Service Provider Name:**

**Service Beginning Date:**

**Other Comments:**

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

Service Provider

Service

Service Provider

Service

Service Provider

Service

Service Provider

Service

Service Provider

Service

Other Service:

Supported  
Employment  
information-  
(Pick one)

The extended services I will need after my case is closed is:

Provided by:

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 by mail or electronically and am aware that my work plan will be reviewed annually.

Incidental Expenditure, consumer signature is not required (please refer to the Policy and Procedures Manual for limitations regarding Incidental expenditures)

The National Registration Act of 1993 states that the agency must offer an opportunity to register to vote at application and if there is an address change. Has the consumer had an address change, name change, or voter eligibility status change at this time?

Yes                      No

If yes, mark the appropriate box.

Voter Registration:    Offered    Completed (Date Counselor mailed to clerk's office):                      Already Registered    Declined

Has the individual achieved a diploma, degrees, certificates, license, or credential?

Training Credentials:

Other Diploma, Degree, Certificate, or credential:

Date Achieved:

Consumer Signature

Date

Parent or Guardian Signature

Date

Vocational Rehabilitation Counselor Signature

Date

Branch Manager Signature (if applicable)

Date

Director of Field Services Signature (if applicable)

Date

Rehabilitation Technology Branch Manager Signature (if applicable)

Date