



DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES

“Helping individuals with disabilities to choose, find and keep employment”

***A GUIDE TO ASSIST YOU TO DEVELOP YOUR
INDIVIDUALIZED PLAN FOR EMPLOYMENT [IPE]***

(Use with ORS Form 17)

What Is The Purpose Of An Employment Plan [IPE]? Your employment plan [IPE] identifies your job goal and shows how to get there. It may be changed when necessary, but both you and your Qualified Vocational Rehabilitation Counselor must agree with the changes.

Where Do You Begin? Choosing your employment goal is the most important step you will take to succeed in the job. There are many ways to help you decide. You begin by learning about yourself, including your strengths, skills, abilities, values and interests, as well as your barriers to employment. Next you learn about jobs. These steps will help you make an informed choice about your employment goal. Your counselor will assist you with this process. If you don't understand any step in this process, **ask questions.**

What Are The Steps To Reach Your Employment Goal Based on Informed Choice and A Current Assessment Of Your Strengths and Needs?

- Choose the necessary services to reach your employment goal.
Examples include: Assessment, Counseling & Guidance, Job Preparation, Training, Work Experiences in Integrated Settings, Assistive Technology Services and Devices, and other services that assist you to prepare for and keep employment.
- Some services in your Plan may require a financial needs test and your participation in payment.
- Learn about work incentives and analyze how working will affect your benefits (e.g. SSI/SSDI/FIP/Housing Subsidy).
- Plan your transportation needs to and from work.
- Develop your job seeking skills as early as possible (e.g. active job search techniques, resume writing, interviewing, and identifying reasonable accommodations need).
- Plan for on-going support services (e.g. long-term job supports, personal care assistance, etc.) you may need after becoming employed, and determine how they will be paid for.

The steps to reach your employment goal should be based on informed choices, Vocational Rehabilitation policies, and reasonable costs. If you are a high school student, your employment plan may build upon the goals in your IEP. If you are an individual needing on-going supports from another agency to maintain employment, your employment plan may identify how you can get these services.

(Continued on Reverse Side)



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[Retain for your records]

What Information Is Needed?

<i>Employment Goal:</i>	What your goal is based on informed choice and when you expect to reach that goal.
<i>Objective(s):</i>	What needs to be done.
<i>Service(s):</i>	How it will be done.
<i>Provider(s):</i>	Who will do what.
<i>Service Outcome(s):</i>	How successful service outcomes will be measured.
<i>Time Frame(s):</i>	When your services will start and be completed.
<i>Funding Source(s):</i>	How will your services be paid for (e.g. VR and/or other sources).

As a Partner in Your Plan, Your VR Counselor Will:

- Assist you to understand the planning process.
- Help you select services and providers.
- Provide you in writing with informed choice options.
- Provide you with an approved, signed copy of your Plan.
- Help you review your Plan periodically (at least once a year) and amend if needed.

As a Partner in Your Plan, You Will Need To:

- Work steadily to your goal and carry out your responsibilities identified in the Plan.
- Maintain an open line of communication with your VR counselor.
- Evaluate your progress toward your goal and solve problems when they come up.
- Share in the costs of services when your income and resources are above VR guidelines.
- Apply for and use other benefits to pay for specific services.
- Report your success when you have reached your career goal (obtained employment), and provide ORS with information about your job, pay, benefits and hours.

Your Rights as a Customer of ORS:

- Privacy: No information about you can be shared with anyone outside of ORS without your written permission.
- Fairness: ORS will not discriminate against you because of gender, race, national origin, age, disability, religion or sexual orientation.
- Informed Choice: You have the right to make informed choices regarding your goals and services based on YOUR abilities, strengths, skills, values and interests.
- Future Services: ORS will help you after you have reached your employment goal when you need additional services to continue working or regain employment.
- Problem Resolution: ORS will help you with any steps in problem resolution. If you disagree with a VR decision, you are encouraged to talk to a VR Supervisor or the Customer Relations Office. You can request mediation or a formal hearing with an Impartial Hearing Officer in the Department of Human Services. You can also seek help from the Client Assistance Program at the RI Disability Law Center, 349 Eddy Street, Providence, RI 02903. Phone: 831-3150 (v); 831-5335 (tty); and toll free (800) 733-5332.





INDIVIDUALIZED PLAN FOR EMPLOYMENT [IPE]

Name: _____ **Date:** _____ **SSN:** _____

Plan Type: This is my first Employment Plan This is a change in my Plan dated _____

My Career or Job Goal: _____

My counselor and I think I will reach my goal by _____.

We think I will need ORS services after I become employed: Yes or No

To reach my goal, I will complete the activities listed below:

OBJECTIVE: What needs to be done?	SERVICE: How will it be done? Name services.	PROVIDERS: Name provider/vendor.	SERVICE OUTCOME: How successful outcome will be measured.	TIME FRAME: Service Begins/Service Ends	FUNDING SOURCE:

OBJECTIVE: What needs to be done?	SERVICE: How will it be done? Name services.	PROVIDERS: Name provider/vendor.	SERVICE OUTCOME: How successful outcome will be measured.	TIME FRAME: Service Begins/Service Ends	FUNDING SOURCE:

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SUPPORTED EMPLOYMENT (To be completed ONLY if supported employment is part of your plan)

I will keep my job with help from: on-site job supports/coach from _____

off-site job supports/coach from _____ natural support from co-workers or _____

Is there a signed “Agreement to Provide On-Going Support” (Extended Services), after the “time-limited supports” through VR are completed? Yes No If no, I believe I will have help from the following Extended Services Resource _____

because (state reasons) _____.

I expect my transfer to the above resource by (date) _____.

My Comments on my Employment Plan: _____

Signatures: _____

Individual/Representative Date

ORS Representative Approval Date

Periodic Reviews (Details Provided in Case Narrative Entries)

Date	Outcome	Counselor Initials

Case Closure Amendment, Not Rehabilitated Because of Ineligibility

Basis for Determination of Ineligibility (check one):

- Individual no longer has a barrier to employment, or
- Individual does not need VR services, or
- Individual cannot benefit in terms of an employment outcome from VR services.

Involvement and Views of Individual in Such Decision:

Case Closure Amendment, Rehabilitated

Basis for Determination of Rehabilitation (check all):

- Substantial services, including guidance and counseling, contributed to the employment outcome, and
- The outcome is consistent with the individual's strengths, priorities, interests, capabilities, abilities, and informed choice, and
- The employment outcome is in the most integrated setting consistent with informed choice, and
- Employment has been maintained at least ninety (90) days, and
- Employment is remunerated at or above minimum wage, is commensurate with the pay and benefits received by non-disabled colleagues, or is in accordance with the Fair Labor Standards Act and,
- The employment appears satisfactory to the employer and the individual.

Closure Entries Completed By:

Signature _____

Date _____

EMPLOYMENT PLAN AMENDMENT

ORS 17A
Rev. 2/04

Name: _____ Social Security #: _____ Date: _____

Amendment to Plan Dated: _____ Vocational Objective: _____ DOT #: _____

OBJECTIVE: What needs to be done?	SERVICE: How will it be done? Name services.	PROVIDERS: Name provider/vendor.	SERVICE OUTCOME: How successful outcome will be measured.	TIME FRAME: Service Begins/Service Ends	FUNDING SOURCE:

Signatures: _____
Individual/Representative **Date**

ORS Representative Approval **Date**