



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF VOCATIONAL REHABILITATION
INDIVIDUALIZED PLAN FOR EMPLOYMENT

Name:	IPE: Initial	SSN:	Date:
It is my responsibility and intention to:	Job Title	D.O.T.	
<input type="checkbox"/> go to work as a <input type="checkbox"/> maintain employment as a			
Date I expect to achieve my employment outcome:			
Rehabilitation Technology Services: <input type="checkbox"/> None Anticipated <input type="checkbox"/> Anticipated			
I understand my progress will be evaluated <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> End of semester <input type="checkbox"/> End reporting period <input type="checkbox"/> Other:			
Individual's progress for the previous IPE was evaluated on: N/A if Initial Plan			
I will carry out my Rehabilitation Program to the best of my ability. I will inform my counselor of any problems or concerns. I will work with my counselor to make changes in the Rehabilitation Program, if needed. I will contact my counselor and provide employment information when I become employed. I received information about my Rights and Responsibilities, the Appeals Process, and the Client Assistance Program. If I am dissatisfied, I understand Missouri Protection and Advocacy can help me with an appeal. I can call them toll free at 1.800.392.8667. I understand a copy of this program and copies of the "Individual's Responsibilities" indicated will be furnished to me if this program is approved.			
Through the information I have received, I have been involved in the choice of my employment outcome, planning of services, and selection of service providers. I agree to my Individualized Plan for Employment.			
My comments regarding these services and how they will impact my being employed are (optional):			
Signature of Client, Parent or Guardian		Date	
Signature of Counselor		Date	
Signature of Supervisor		Date	



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Client:	IPE:	Date:
Financial Arrangements: Based on my financial resources.		
<input type="checkbox"/> I will pay _____ per month beginning _____ and ending _____. Total = _____		
<input type="checkbox"/> I am expected to pay nothing for the services I receive.		
Comparable Services: Comparable Services Not Available		

Services Needed:

Services to be provided by Vocational Rehabilitation will be subject to the availability of State and Federal funds.

Should funds not be made available, the balance of the authorization(s) will be cancelled.

VR Counseling & Guidance.

View Authorization

No cost to services:

SAMPLE



Client:	IPE:	Date:
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Individual's Responsibilities and Progress Evaluation

I understand that my satisfactory progress will be evaluated by attaining the objectives listed in this plan.

I understand that my failure to comply with the responsibilities listed below may result in termination of Vocational Rehabilitation services.

I Understand My Responsibilities Are:

College Training Services

1. To enroll in a normal course load of 14-16 hours each semester (unless my disability requires an exception that is approved by my counselor).
2. To maintain a cumulative grade point average of 2.0 or higher.
3. To provide my counselor with a copy of my official grade report each semester.
4. To pay for classes that must be retaken due to poor grades, dropping a course and/or withdrawal from a course, unless a credit or refund is obtained. I must also pay for classes I elect to take that do not apply to my degree.
5. To cooperate fully with my counselor and the Financial Aid Office in sharing financial information.
6. To apply for all grants and aid and that failure to apply or report may result in loss of Vocational Rehabilitation services. Any Pell award received must be used to reduce Vocational Rehabilitation's established costs.
7. To cooperate fully in completing the Agency's Financial Application each year.
8. Any Federal/State needs-based awards received will be utilized.

Vocational Training Services

1. To attend all scheduled class sessions unless an exception is granted by my counselor and the school.
2. To maintain a satisfactory progress rating (average or above average) based on the school's grading policy.
3. To cooperate with the school in completing a monthly progress report which will describe my overall progress using my grade/rating and attendance.
4. To apply for all grants and aid and that failure to apply or report may result in loss of Vocational Rehabilitation services. Any Pell award received must be used to reduce Vocational Rehabilitation's established costs.
5. To contact my counselor on a regular basis to discuss my program.
6. To cooperate fully with the school when efforts are made to secure employment.
7. Any Federal/State needs-based awards received will be utilized, if applicable.

Required Textbooks

1. To have prior written authorization for the purchase of the required textbooks or I will be responsible for the payment.
2. To reduce future costs of textbooks by purchasing used textbooks when possible, selling to trading textbooks if appropriate and keeping my counselor informed of the transactions.
3. To obtain a credit or refund if I withdraw or drop a course(s) and that it must be applied to the cost of required textbooks next semester.
4. To pay for textbooks when I repeat a class, fail to obtain a credit or refund, or take elective courses that do not apply to my degree.
5. To provide my counselor with my class schedule prior to payment of required textbooks. The bookstore must submit an itemized list with their bill.



Client:	IPE:	Date:
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Maintenance

I understand maintenance is a secondary service provided to me to assist in covering increased costs because of my primary rehabilitation program. I understand I will not receive maintenance payments for absences, vacations and holidays.

RESPONSIBILITIES:

1. To report promptly to my Vocational Rehabilitation counselor any changes in my financial circumstances as I understand my maintenance payments are based on financial need.
2. To prepare the billing forms as instructed by my Vocational Rehabilitation counselor.

Transportation

I understand transportation is a secondary service provided to me to assist in covering increased costs because of my primary rehabilitation program. I understand I will not receive transportation payments for absences, vacations and holidays.

RESPONSIBILITIES:

1. To report promptly to my Vocational Rehabilitation counselor any changes in my financial circumstances as I understand my transportation payments are based on financial need.
2. To prepare the billing forms as instructed by my Vocational Rehabilitation counselor.

Surgery & Hospitalization

1. To keep all scheduled appointments or notify my counselor and/or service provider(s) immediately if I need to reschedule.
2. To enter the hospital on the date scheduled above. Any change must be approved by my counselor prior to the service.
3. To carefully follow all medical advice, treatment plans and instructions to insure I benefit from the service. The doctors, hospital and other service providers will send my counselor written reports which describe the service provided and recommendations.
4. To notify my counselor of any insurance (including Medicare or Medicaid, if appropriate) that will provide for any or all cost. I will apply any of these resources to the cost of the authorized Vocational Rehabilitation services.

Prosthetic Devices

1. To keep all scheduled appointments or notify my counselor and/or service provider(s) immediately if I need to reschedule.
2. To notify the counselor of receipt and acceptance of the device.
3. To maintain proper care and repair of the device.
4. To notify my counselor of any insurance (including Medicare or Medicaid, if appropriate) that will provide for any or all cost. I will apply any of these resources to the cost of the authorized Vocational Rehabilitation services.

Hearing Aids

1. To keep all scheduled appointments for fittings and adjustments or notify my counselor and/or service provider(s) immediately if I need to reschedule.
2. To notify the counselor of receipt and acceptance of the device.
3. To review the manufacturer's warranty and the dealer's service policy.
4. To return the hearing aid to the dealer within thirty (30) days if I am dissatisfied.
5. To maintain proper care and repair of the device.
6. To notify my counselor of any insurance (including Medicare or Medicaid, if appropriate) that will provide for any or all cost. I will apply any of these resources to the cost of the authorized Vocational Rehabilitation services.



Client:	IPE:	Date:
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Tools & Equipment

In order to receive tools, equipment and initial stocks, the following conditions must be met:

1. The client must have the proper skill and managerial ability to succeed in the trade or occupation for which the equipment is provided.
2. The client must have adequate resources available for the proper maintenance and upkeep of such tools, equipment and initial stocks.

The client's title to non-expendable tools, equipment and initial stocks is conditional. Title to the items purchased shall become the client's according to the following provisions:

1. In instances when tools are provided during training, the counting of time for ownership begins with the beginning of employment.
2. Title to all non-expendable items costing less than \$100.00 will be given to the client upon receipt. If these items are provided during training, title will be given upon completion of training and/or employment in an occupation requiring tools.
3. Title to all non-expendable items costing more than \$100.00 but less than \$300.00 each will be given to the client following continued use of the occupation for a period of three (3) years. Each year the client will be contacted to determine if equipment is being used in the client's occupation.
4. Title to all non-expendable items costing more than \$300.00 but less than \$1,000.00 will be given to the client following continued use in the occupation for a period of three (3) years. Each year the client will be contacted to determine if equipment is being used in the client's occupation.
5. Title to all non-expendable items costing more than \$1,000.00 will be given to the client following continued use in the occupation for a period of five (5) years. Each year the client will be contacted to determine if equipment is being used in the client's occupation.

RESPONSIBILITIES:

1. To not sell, mortgage, give away, or in any other manner, dispose of the tools, equipment or initial stocks without the consent of the Agency unless I have title to the equipment.
2. To cooperate with the Agency regarding required inventory monitoring and written correspondence. I also agree to advise Vocational Rehabilitation of all address changes.
3. To return the tools, equipment and/or initial stocks if I am not using them in my occupation. I understand they are subject to recovery by the State at any time prior to my right to permanent title.
4. I understand that the State retains title to any item in which there is joint financial participation as governed by the other provisions of this document.
5. To abide by the above terms and conditions for receiving the attached list of tools, equipment and initial stocks.

Chemical Dependency

1. To maintain a chemically free lifestyle so the rehabilitation process is successful and I can become employed.
2. To comply with the recommendations of my treatment plan by securing an AA or NA sponsor (prior to the provision of active services) and attend meetings as indicated or by fully complying with other approved supportive recovery programs as indicated. I agree to furnish my counselor with documentation of my compliance.
3. To meet with or call my counselor each month to discuss my progress in maintaining sobriety and providing the required documentation.
4. To report any relapse to my counselor who will evaluate the severity of my relapse including the precipitating reasons and what I did about it. I understand that a probable consequence following my relapse is the suspension of rehabilitation services for a period of 90 days or longer, pending receipt of documentation to my subsequent sobriety.



Client:	IPE:	Date:
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Comprehensive Rehabilitation Services - Training

1. To cooperate with CRP/SESP staff and employer.
2. To attend all scheduled class sessions unless an exception is granted by my counselor and the school.
3. To maintain a satisfactory progress rating.
4. To cooperate in completing a monthly progress report.
5. To contact my counselor on a regular basis to discuss my program.
6. To cooperate fully when efforts are made to secure employment.

Transition School-to-Work

1. To abide by the rules of the transition school to work program.
2. To follow the policies of the work place.
3. To cooperate with my counselor, school staff and the employer.
4. To maintain a satisfactory progress rating.
5. To contact my counselor or my transition adjustment coordinator (teacher) on a regular basis to discuss my program.

Community Employment Services/EOS

1. To abide by the rules of the program.
2. To abide by the policies of the work place.
3. To maintain a satisfactory progress rating.
4. To cooperate in completing a monthly progress report.
5. To contact my counselor and program staff on a regular basis to discuss my progress.
6. To cooperate fully when efforts are made to secure employment.

On-the-Job Training

1. To abide by the rules of the program.
2. To abide by the policies of the work place.
3. To maintain a satisfactory progress rating.
4. To cooperate in completing a monthly progress report.
5. To contact my counselor on a regular basis to discuss my progress.

Extended Evaluation Services

1. To cooperate fully in the evaluation process.
2. To maintain a positive attitude about myself and the evaluation.
3. To keep appointments and be on time.
4. To ask questions if there is something I do not understand or if I have any problems.
5. To keep my Vocational Rehabilitation counselor informed of my progress and to contact my counselor if I need help.

Physical Restoration

1. To keep all scheduled appointments or notify my counselor and/or service provider(s) immediately if I need to reschedule.
2. To notify the counselor of receipt and acceptance of items or services covered under this plan.
3. Any change or addition to this plan must be approved by my counselor prior to purchase of the service.
4. To carefully follow all medical advice, treatment plans and instructions to ensure I benefit from the service. The doctors, hospital and/or other service providers will send my counselor written reports which describe the service provided and recommendations.



Client:	IPE:	Date:
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5. To notify my counselor of any insurance (including Medicare or Medicaid, if appropriate) that provided for any or all cost. I will apply any of these resources to the cost of the authorized Vocational Rehabilitation services.
6. To maintain proper care and repair of any items purchased under this plan.
7. To review the manufacturer's warranty and the dealer's service policy if applicable.

Coop Guidance & Counseling

1. To attend all scheduled appointments.
2. To complete tasks as assigned by my counselor.
3. To report any problems/concerns immediately to the WEC, Work-Experience Coordinator and VR counselor.
4. To maintain at least monthly contact with the WEC and VR counselor regarding job leads and job contacts, and notify them immediately upon receiving a job offer.
5. To maintain satisfactory grades and attendance at school throughout this time period.

Guidance & Counseling

1. To attend all scheduled appointments.
2. To complete tasks as assigned by my counselor.

Interpreter Services

1. To attend all scheduled meetings/appointments.
2. To give advanced notice within 24 hours to cancel the interpreter, so the agency will not be charged for the interpreter fees.
3. To inform the interpreter of my language preference (oralism, ASL, PSE, SEE, etc.)
4. To immediately inform the interpreting agency and my VR counselor if I am not satisfied with the interpreter's services.
5. That the interpreter is there to help with communication for my _____

Other Responsibilities: