

**IOWA VOCATIONAL REHABILITATION SERVICES
EMPLOYMENT PLAN/REVIEW/AMENDMENT**

NAME: _____

First Middle or Maiden Last

PURPOSE: New Review Amendment Interrupted Post Employment

Reason for Amendment: _____

EMPLOYMENT GOAL: _____ **SOC CODE** _____

WEEKLY HOURS WORK GOAL: _____ **EXPECTED COMPLETION DATE:** _____ **NEXT REVIEW DATE:** _____

SERVICES NEEDED:	To begin – To end	Arranged by:	Delivered by:	Services funded by:
<input type="checkbox"/> Assessment	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Counseling and Guidance	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Physical/Mental Treatment	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Self Employment	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Junior Community College Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Four-Year Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Graduate Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Occupational/Vocational Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> On-the-Job Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Apprenticeship Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Remedial/Literacy Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Job Readiness Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Disability-Related Skills Training	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Miscellaneous Training _____ (Please specify)	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Supported Employment	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
Extended Supports		<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Rehabilitation Technology	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Referral	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Job Seeking Skills	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Customized Employment/Job Carving	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Job Placement	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> On-the-Job Supports (Short Term)	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____ (Please specify)	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____

SERVICES IN SUPPORT OF SERVICES LISTED ABOVE:

<input type="checkbox"/> Transportation	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Maintenance	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Reader	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Interpreter	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Personal Attendant	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Benefits Counseling	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____

REVIEW METHODS:

Progress Reports Treatment Reports Grade Reports GPA _____ Diploma Licensure GED Other _____

TERMS AND CONDITIONS: *Participation will be determined by an assessment of your financial needs and resources.*

Comparable Services and Benefits Involvement: _____

Financial planning for non-fee schedule supported services results in my _____% participation. SSI/SSDI recipient Medicaid Waiver

TICKET HOLDERS: Social Security Administration considers your signature on your plan as putting your ticket “in use” with IVRS.

Throughout the rehabilitation process you and your vocational rehabilitation counselor will consult and coordinate an ongoing program of services aimed at helping you become employed. IVRS may access your wage and benefit records using your social security number to conduct claim reimbursement of IVRS service cost from the Social Security Administration. I provide permission for IVRS to use my social Security number and name for these purposes. ___ Yes ___ No _____

Applicant’s initials Guardian’s initials (if applicable)

I request to be referred to Employment Network: _____

FOR APPEAL AND MEDIATION INFORMATION PLEASE SEE BACK FOR INSTRUCTIONS TO CONTACT CAP:

JOB CANDIDATE/COUNSELOR COMMENTS: _____

Counselor Signature

Date

Job Candidate Signature

IVRS Representative Signature

IPE-2 (Rev. 0414)
283-1450

Guardian Signature (if applicable)

**IOWA VOCATIONAL REHABILITATION SERVICES (IVRS)
RIGHTS AND RESPONSIBILITIES**

YOUR EMPLOYMENT PLAN is a summary of the services and activities you and your counselor have agreed are needed to reach your goal. It lists what will be done by whom and when; and how you can tell if you are making progress. It is not an official authorization for payment of costs. Certain services require an assessment of your ability to participate in their cost. You and your counselor may change your plan by jointly revising it, at any time. Your plan may also be changed if IVRS finds that money is limited or restricted. It may also change if programs or program accreditation changes. These changes will be discussed with you as they arise. You and your counselor will review your plan together at least once a year, or more often, if needed.

Following is a summary of your rights and responsibilities as they apply to the Employment Plan you and your counselor have written. Your Employment Plan is not a contract.

AGENCY RESPONSIBILITIES are shown as a part of your Employment Plan. In addition, your counselor will:

- Arrange timely appointments at a convenient location;
- Maintain regular contact with you;
- Listen to your ideas and needs to help you develop an employment plan at which you will be successful;
- Identify other sources of financial support to help you with your resource needs;
- Provide information to you on what IVRS pays for the services identified so you will know how much your obligation is;
- Discuss your progress, accommodation needs, and provide suggestions to keep your plan moving forward;
- Inform you if a different counselor is assigned to you;
- Help you to receive the services you need in the proper order and without undue delay, and maintain confidentiality;
- Help you to plan how costs of services will be paid;
- Arrange to pay those costs that your counselor agrees, in advance and documented on your plan, will be paid by IVRS.
- Regularly review your progress with you; and
- Work with you to make necessary revisions in your program and
- Contact businesses on your behalf to arrange interviews and job opportunities so you can become employed.

YOUR RESPONSIBILITIES need to be carried out if your plan is to be a success. You also need to do the following:

- Keep scheduled appointments or contact IVRS if you are unable to keep an appointment;
- Keep your counselor advised of any change in your address, phone number, or how you can be reached;
- Follow medical or other treatment plans to maintain your disability;
- Tell your counselor of any major changes in your health or ability to carry out this employment plan;;
- Tell your counselor of any changes in your income that could impact your employment plan;
- Tell your counselor of your service needs so they can be planned for , or arranged through other organizations, if those needs impact your successful completion of your employment plan;
- Obtain advanced approval from your counselor for any services prior to starting the service if you desire IVRS funding;
- Apply for and use money from any available sources;
- Work with your counselor to review your program annually and to make necessary revisions in your program;
- Provide registration, grades and financial information each semester for post-secondary training;
- Register at the Workforce Development Center and actively follow up on job leads;
- Actively look for a job, with help as needed;
- Discuss with your counselor the businesses and employers you want your counselor to contact on your behalf and write them on the plan for follow up; and
- Inform your counselor when you become employed (name of business, your job, your wages, your hours to work).

THE DECISION to close your case can be made by you or your counselor. If the counselor makes that decision, it will be discussed with you before the file is closed, if you are available. You will be informed in writing.

You have the right to appeal or request mediation to your counselor any time you have problems with a decision or service up to and including case closure. If you are still not satisfied, you may choose to discuss the matter with your counselor's supervisor, where disagreements are often quickly resolved, or you may go directly to mediation or a hearing before an impartial hearing officer. If you choose to discuss the situation with the supervisor and are still not satisfied, you may ask for mediation or a hearing after that. Your request to appeal the decision or request for mediation must be filed within 90 days of the decision. A request for hearing is made to the Administrator of IVRS, 510 East 12th Street, Des Moines, Iowa 50319.

The Client Assistance Program (CAP) is available to help you in your relationship with IVRS. Write to CAP, Iowa Department of Human Rights, Lucas State Office Building, Des Moines, Iowa 50319; or call (toll free) 1-800-652-4298 (Voice/TTY), or in the Des Moines area, 281-3656 (Voice/TTY).

IVRS services are provided in compliance with all applicable state and federal civil rights laws. You must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If you believe you have been discriminated against based on one of these reasons, you may contact the Bureau Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa, 50319, (515) 281-4318 (voice), (515) 281-4211 (TTY), or toll-free (800) 532-1486.