

Iowa Vocational Rehabilitation Services Employed/Closure Form

Name: _____

Purpose: Employed Amendment for Employment Closure

EXPECTED COMPLETION DATE: _____ NEXT REVIEW DATE: _____

EMPLOYMENT INFORMATION

Number of Jobs: _____ SOC Code for Primary Occupation: _____ -

Job Title: _____ Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Hours Per Week: _____ Wage: _____ Per: Hourly Weekly Bi-Weekly Twice a Month Monthly Annually

Date Employment Began: _____

- Services provided under your employment plan contributed to your employment outcome.
- Your employment is consistent with your abilities and capabilities, and is your choice.
- Your employment is satisfactory and you are performing satisfactorily.
- Employment pays at least minimum wage.
- Setting is integrated.

Supported Employment:

Extended service provider is: _____ Funding source is: _____

Post-Employment Services: Not Anticipated, contact us if needed. Planned for _____

Comparable Services and Benefits Involvement: _____

Primary Source of Support:

- Employment Earnings Personal Income (interest, dividends, rent, retirement including social security)
- Family/Friends Public Support (SSI, SSDI, TANF, etc) All Other Sources

SSDI \$ _____ SSI \$ _____ TANF \$ _____ General Assistance (state/local govt.) \$ _____

Veteran's Disability Benefits \$ _____ Workers' Compensation \$ _____

Other Public Support \$ _____ (specify) _____

Health Insurance (Check all that apply.)

- Current Job** **Medicaid** **Medicare** **Private** (Health Insurance Company) _____
- Public Insurance from Other Sources** (workers' compensation, children's health insurance company, etc.)
- No Health Insurance** **Future Eligibility for the Benefit through Employer**

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

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.

Job Candidate Name: _____

IRSS Codes for Case Closure

Reason for Closure:

- | | | |
|--|--|--|
| <input type="checkbox"/> Achieved Employment Outcome | <input type="checkbox"/> No Impediment to Employment (ineligible) | <input type="checkbox"/> Extended Employment |
| <input type="checkbox"/> Unable to Locate/Contact | <input type="checkbox"/> Transportation Not Feasible/ Available | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Disability Too Significant (ineligible) | <input type="checkbox"/> Does Not Require VR Services (ineligible) | <input type="checkbox"/> In Institution other than Prison/Jail |
| <input type="checkbox"/> No Longer Interested in VR Services | <input type="checkbox"/> Extended Services Not Available | <input type="checkbox"/> Death |
| <input type="checkbox"/> Transferred to Another Agency | | <input type="checkbox"/> Other |
| <input type="checkbox"/> No Disabling Condition (ineligible) | | |

Education Completed:

(Education level must be the same level as that at application or higher.)

- | | | |
|---|---|---|
| <input type="checkbox"/> No Formal Schooling | <input type="checkbox"/> High School Graduate or Equivalency | <input type="checkbox"/> Occupational Credential Beyond Undergraduate Degree Work |
| <input type="checkbox"/> Elementary Education (grades 1-8) | <input type="checkbox"/> Post-secondary Education, No Degree or Certificate | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Secondary Education (grades 9-12), No Diploma. | <input type="checkbox"/> Vocational/Technical Certificate/Degree | <input type="checkbox"/> Occupational Credential Beyond Graduate Degree Work |
| <input type="checkbox"/> Special Education Certificate of Completion/Diploma or In Attendance.
If currently attending: <input type="checkbox"/> IEP <input type="checkbox"/> 504 | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Degree Above Master's Level (PhD, EdD, JD) |
| | <input type="checkbox"/> Bachelor's Degree | |

Student with Disability in Secondary Education:

- Not a student with a disability in secondary education at the time of closure.
- Individual is a student with a 504 accommodation plan.
- Individual is a student and is receiving services under an IEP at the time of closure.
- Individual is a student with a disability who is not covered by Section 504 of the Rehabilitation Act and is not receiving services under an IEP at the time of closure.

RSA Employment Status at Closure:

- | | | |
|--|--|---|
| <input type="checkbox"/> Employed without Supports in Integrated Setting | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Not Employed: Student in Secondary Education |
| <input type="checkbox"/> Extended Employment | <input type="checkbox"/> Unpaid Family Worker | <input type="checkbox"/> Not Employed: All Other Students |
| <input type="checkbox"/> Self-Employment (except BEP) | <input type="checkbox"/> Employment with Supported in Integrated Setting | <input type="checkbox"/> Not Employed: Trainee/Intern/Volunteer |
| <input type="checkbox"/> State Agency-managed BEP (ISE/IDB) | | <input type="checkbox"/> Not Employed: Other |

Supported Employment:

- No supported employment goal.
- Initial IPE identified a supported employment goal.
- Supported employment added on IPE amendment.
- IPE amended from supported employment to another employment goal.

