



## Individualized Plan for Employment (IPE) Vocational Rehabilitation and Blind Services

<b>IPE Edition Number:</b>	1	<b>IPE Date:</b>	7/28/2021
<b>Name:</b>	JOHNATHAN SMITH		
<b>My Work Goal:</b>	Stock Clerk		
<b>Goal Completion Date:</b>	12/31/2022		

**We have agreed that the following services are required:**

<u>Service</u>	<u>Provider</u>	<u>Responsible Party</u>	<u>Estimated Cost</u>	<u>Start Date</u>	<u>Start Date</u>
<b>Information and Referral Services</b>	Vocational Rehabilitation		\$0.00	7/28/2021	12/31/2022
Service Description:	referral to community resources as needed throughout case				
<b>Job Search Assistance</b>	MT CRP	VR/BS	\$4,804.20	7/28/2021	12/31/2022
Service Description:	JSA: 5 hours/ month at \$56.52/ hour; Includes Intake and Planning Fee (\$164.69)				
<b>Short Term Job Supports</b>	MT CRP	VR/BS	\$4,804.20	7/28/2021	12/31/2022
Service Description:	On the Job job coaching: 5 hours/ month at \$56.52/ hour; Includes Successful Outcome fee (\$170.32)				
<b>Vocational Rehabilitation Counseling and Guidance</b>	Vocational Rehabilitation		\$0.00	7/28/2021	12/31/2022
Service Description:	adjustment counseling and other vocational support and guidance				

**Responsibilities**

**My responsibilities in showing progress towards my work goal:**

- I will contact my VRC at least once every 90 days.
- I will let my VRC know if there are any problems on the job within 10 business days of experiencing the problem.
- I will meet with my VR Counselor and the Job Placement Specialist every 90 days to discuss my progress.
- I will maintain weekly contact with my Job Placement Specialist at MT CCRP until employment is obtained.
- I will comply with my placement plan and follow through with recommended activities agreed upon by my VRC and I until I am successfully employed.
- Once I am employed, I will go to work as scheduled and will work to my supervisor's expectation and satisfaction.
- I will contact my VRC if there any accommodations that I need to help me successfully achieve my employment goal.
- I will immediately notify my Job Placement Specialist of any problems I may have on the job.
- I will contact my VRC to provide information regarding my new job within 10 business days of obtaining employment.
- I will notify my VRC if I am thinking of quitting my job.

**Describe Steps to Achieve Employment/Educational Goal:**

Johnathan will work with MT CRP to draft a resume by 9/15/2021.  
Nathan will apply to a minimum of 3 jobs per month and provide VRC with a job log every 30 days.

<b>Client Perspectives/Comments:</b>	Johnathan stated "Not bad but good" when asked about his feelings for his plan.
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<b>Community and Financial Resources:</b>	I will be responsible for my own medical and cost of living expenses while in the VR Program, utilizing family support, Medicaid, SSI, and Section 8 Housing. Any expenses beyond the authorized amount is the responsibility of the client.
<b>Are Post-Employment Services Needed?</b>	NO
<b>If applicable, have VR goals, objectives and services been coordinated with the student's Individualized Education Program (IEP)?</b>	N/A

**Progress will be reviewed with VR Counselor at least 90 days from IPE finalization and at least every 90 days thereafter**

**Methods for providing or procuring goods and services:** Vocational Rehabilitation and Blind Services (VRBS) provides vocational services directly. In addition, the agency can use purchase orders to procure goods and services from approved vendors. The VRBS bidding process is used, when appropriate, to purchase goods at the lowest available price. When available, comparable benefits (resources from other programs or agencies) are utilized to meet rehabilitation needs. All services are provided in accordance with VRBS Financial Need Standard.

By signing this document, I understand and commit to the responsibilities in my Plan. I have been given the opportunity to make informed choices about my work goal, the vocational rehabilitation services needed to achieve it, providers of the goods and services, and the methods available for procuring the services. I received a copy of this Individualized Plan for Employment in a format that was understandable and appropriate for me.

**Considerations for individuals eligible for the Social Security Ticket to Work**

By signing this plan, I understand that my Ticket to Work will be considered "In Use" or assigned with VRBS. By having my Ticket to Work "In Use" or assigned to VRBS, I will be subject to Timely Progress Reviews conducted by the Social Security Administration or their designated agent (MAXIMUS, located in Alexandria, Virginia) and I have discussed this with my counselor. I am also providing authorization for communication and exchange of information with the Social Security Administration and MAXIMUS in relation to the administration of the Ticket to Work Program. If I have questions or concerns regarding the status of my Ticket to Work or Timely Progress Reviews, my counselor can provide me with additional information. Also, I can call MAXIMUS at 1-866-968-7842 or review information at [www.yourtickettowork.com](http://www.yourtickettowork.com)

**If extended services are needed, please describe the required services, and identify the extended services provider.**

A commitment to provide long term funding for extended services will be obtained from Extended Employment. Long term extended services will involve continuing consumer advocacy, job coaching and case management. Once, I Michael am employed and my case is transitioned to extended services, Montana Achievement Project will provide support a MINIMUM OF 2X/MO.

<b>Client's Name, Date and Signature:</b>	Johnathan Smith 7/28/2021
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<b>Counselor Name, Date and Signature:</b>	Vocational Counselor 7/28/2021
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**Comprehensive Assessment of "The Big 8"**

<b>Strengths:</b> (How are the job goal and services consistent with client strengths?)	"I am a good person, positive, friendly and have a big heart."
<b>Resources:</b> (How are the job goal and services consistent with client resources?)	Johnathan's family and friends offer emotional support. His brother helps him with his medications and Johnathan receives Social Security benefits.
<b>Priorities:</b> (How are the job goal and services consistent with client priorities?)	Johnathan would like to find a job within walking distance of his apartment, no more than one mile away.
<b>Concerns:</b> (How are the job goal and services consistent with concerns?)	"I want to be spoken to nicely."
<b>Abilities:</b> (How are the job goal and services consistent with client abilities?)	Johnathan is able to independently drive and operate the dishwasher, washing machine, and dryer at home.
<b>Capabilities:</b> (How are the job goal and services consistent with client capabilities?)	Johnathan is really good at paying attention to detail and has experience working as a stock clerk. He is really good at making sure that things are in the right space.
<b>Interests:</b> (How are the job goal and services consistent with client interests?)	He likes team building and is a very social person.
<b>Informed Choice:</b> (How are the job goal and services consistent with client's informed choice?)	Johnathan has experience stocking and has enjoyed the work he did at that time. He also enjoys putting things in their correct place.

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**Department of Public Health and Human Services  
Vocational Rehabilitation and Blind Services  
INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)**

**VR/CLIENT UNDERSTANDINGS**

I understand that while a Vocational Rehabilitation and Blind Services (VRBS) Counselor is available to me for assistance in the completion of this Individualized Plan for Employment (IPE), I may choose to work with other people including friends, family and advocates in the preparation of all or part of this plan. I understand that my counselor and I must jointly approve this plan and that it is subject to revision on the basis of changing circumstances and new information. If I desire additional support, my counselor will make information available.

I understand that the continuation of services is dependent on available federal and state funding and an ongoing evaluation of my progress.

VRBS will provide you with the means and opportunity to exercise informed choice among suitable vocational goals in terms of your unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and needs.

I understand VRBS will wait to close my file until after I have achieved at least 90 days of gainful employment and that I will be consulted first about case closure.

I understand that all Vocational Rehabilitation services must be authorized in writing prior to the purchase of the service.

I understand that the State of Montana has a financial need standard and that it is my responsibility to contribute toward the cost of this IPE to my fullest financial extent. I will commit comparable benefits and other financial resources towards the costs of my plan.

**ANNUAL REVIEW OF IPE**

I understand at least once each 12 months there will be a complete review of my IPE.

**CLIENT RESPONSIBILITY**

I understand it is my responsibility to cooperate in carrying out this plan and to make reasonable efforts on my own behalf. This includes keeping appointments and attendance at scheduled activities; attaining acceptable grades/ratings at training; following medical or other professional instructions; and notifying my counselor of all changes in my situation.

**REVIEW AND EVALUATION OF PROGRESS TOWARD OBJECTIVES AND GOALS**

I understand my IPE will be measured periodically regarding progress toward the employment goal or other necessary changes. I understand evaluation procedures will be based on discussions with me and review of other information and reports. There will be a written record of these reviews and evaluations.

**CLIENT RIGHTS AND REMEDIES**

I understand all information received by the agency is confidential; I understand the VRBS rules on confidentiality and that information can only be released on receipt of my signed consent.

I understand I may discuss a problem or grievance with my VRBS Counselor (or my counselor's supervisor) at any time by scheduling an appointment.

I understand, if dissatisfied with a decision by VRBS about my services, I may appeal that decision in writing to the Department of Public Health and Human Services (DPHHS) Office of Fair Hearings, P.O. Box 202953, Helena, Montana 59620-2953; phone 406-444-2470 (voice/TDD) within 45 days. In the course of due process, I may also request mediation services in addition to the administrative review and fair hearing process. The written appeal may include:

- a) Mediation – An impartial mediator to work with my counselor and me to resolve the dispute.
- b) Administrative Review – An opportunity to review our dispute with the agency administration.
- c) Fair Hearing – A hearing before an impartial hearings officer.

I understand the Client Assistance Program (CAP) is available to act as my advisor and advocate at any time. CAP is located at 1022 Chestnut, Helena, Montana 59601; or phone 406-449-2344 (voice/TDD) Helena area; or 1-800-245-4743 (voice/TDD) outside the Helena area.

I understand my (parent/representative) right to a full consultation in any action to change my status from eligible to ineligible for VRBS services.

I understand VRBS will not discriminate as to eligibility determination, VR services, or employment in regard to race, color, creed, sex, age, disability, political beliefs, or national origin.

I understand if I am unable to communicate in English or that if I must rely on special modes of communication, or if I need special materials or equipment for adequate understanding, VRBS will provide clear and adequate interpretation/translation about state policies and procedures.

I understand I may be eligible for further services if problems threaten to interfere with my employment.