

## VR Individualized Plan For Employment

**Name:** Ima Learner

**Date of Birth:** 3-18-2000

**Plan Number:** 1

**Type of Plan:** Supported Employment

**Employment Goal:** Stock Clerk

**Plan begins on** \_\_\_\_\_ **and is estimated to end on** \_\_\_\_\_

**Plan Estimated Cost:**

**Agency Estimated Cost:**

**Estimated Job Ready Date:**

**All the Planned Services have been Completely Provided on:**

---

**Objective 1:** Ima will increase her communication and reading skills necessary to meet industry standards and gain knowledge and job seeking/job keeping skills required to work as a courtesy clerk for a grocery store.

**Date Planned:**

**Planned Achievement:** May 2020

**Client responsibilities for this Objectives:**

- Actively participate in high school classes to bring communication and reading skills up to the levels needed for employment as a courtesy clerk.
- Participate in the TSW (or transition services through your high school) program to gain knowledge about chosen career, ensure it's a good match for your strengths, interests, and abilities, and learn job seeking and job keeping skills.
- Gain work experience to develop and practice job keeping skills. Complete the TSW program and graduate high school with your diploma. Provide VR counselor with a monthly report of your progress.
- Use communication device consistently to meet work requirements

**RSA responsibilities for this Objective:**

Maintain regular contact with client, return calls/emails in a timely manner, complete referral for IPE services in a timely manner, coordinate services, support & monitor progress

**Progress for this objective will be evaluated by:**

**Objective 2:** Ima will increase her knowledge of employment in stock clerk occupations to clarify her career goal.

**Date Planned:**

**Planned Achievement:** June 2020

**Client responsibilities for this Objective::**

- Participate in TSW program
- Attend classes in career exploration and complete at least 2 job shadows and 2 informational interviews
- Participate in work experience opportunities through your HS TSW

- Engage in On-the-Job-Training, volunteer work, supported group employment and/or work adjustment services during summer breaks to gain experience and knowledge of courtesy clerk positions
- Maintain consistent, monthly contact with VRC
- Use communication device consistently to meet work requirements

**RSA responsibilities for this Objective:**

Maintain regular contact with client, return calls/emails in a timely manner, complete referral for IPE services in a timely manner, coordinate services, support & monitor progress

**Progress for this objective will be evaluated by:**

**Objective 3:** Ima will gain an understanding of her accommodation needs for successful employment and identify strategies/technology to support academic challenges, address self-care needs (medication management), improve communication skills specific to following directions and asking for help and social interaction in an employment setting.

**Date Planned:**

**Planned Achievement:** June 2020

**Client responsibilities for this Objective:**

- Utilize DDD service (habilitation) to increase independence (self-care, shopping independently, cooking, self-advocacy)
- Join clubs at school and/or participate in groups through Behavioral Health Service provider to increase social skills
- Utilize Aug com device to increase communication including asking for help when needed, request update to device for work use
- Participate in Behavioral Health services to manage anxiety

**RSA responsibilities for this objective:**

Maintain regular contact with client, return calls/emails in a timely manner, complete referral for IPE services in a timely manner, coordinate services, support & monitor progress

**Progress for this objective will be evaluated by:**

**Objective 4:** Ima will develop the skills, and gain the knowledge and training required to work as a courtesy clerk in a grocery store

**Date Planned:**

**Planned Achievement:** June 2020

**Client responsibilities for this objective:**

- Participate in mock interviewing to develop confidence through TSW and/or VR vendor to gain job seeking skills
- Participate in a reverse job fairs to practice job seeking skills
- Participate actively in TSW work based learning opportunities to gain job keeping skills
- Utilize Aug com device to increase communication including asking for help when needed, request update to device for work use

**RSA responsibilities for this objective**

Maintain regular contact with client, return calls/emails in a timely manner, complete referral for IPE services in a timely manner, coordinate services, support & monitor progress

**Progress for this objective will be evaluated by**

**Objective 5:** Ima will obtain and maintain employment as a courtesy clerk for at least 91 days.

**Date Planned:**

**Planned Achievement:** December 2020

**Client responsibilities for this objective:**

- Choose VR vendor for job search services
- Actively participate in job search process using job developer/coach for guidance
- Cooperate with job developer /job coach
- Accept appropriate employment
- Provide documentation of employment to VRC
- Utilize Aug com device to increase communication including asking for help when needed, request update to device for work use

**RSA responsibilities for this Objective:**

Maintain regular contact with client, return calls/emails in a timely manner, complete referral for IPE services in a timely manner, coordinate services, support & monitor progress

**Progress for this objective will be evaluated by**

---

Category:

**Service :** Vocational Guidance and Counseling

**Vendor:** State of Arizona

**Location Number:**

**No. Units:** 1

**Unit:** Each

**Unit Price:**

=

**Funded By** (Pick one or more when applicable):

**Cost:**

**Cost:**

**Service Detail:** VCG provided by VRC

**Has the appointment been scheduled?**

**This service will contribute to achievement of the following objective:**

**Outcome :**

**Outcome Date:**

Service 2: Transition from School to Work (RSA)

Service 3: Mental Health Restoration – (Behavioral Health Service)

Service 4: AT Support – updating Aug Com device to include job related communication (RSA)

Service 5: AT Evaluation- determining if current Aug Com is appropriate for employment needs (RSA)

Service 6: Dial a Ride/Uber training (RSA)

Service 7: Rehabilitation Instruction Services (Habilitation Services): Independent Living Skills (DDD)

Service 8: OJT/Work Adjustment (RSA)

Service 9: Job Development and Placement (RSA)

Service 10: Job Retention (job coach) Services to stabilize employment (RSA)

Service 11: Supported Employment Services (long term by DDD)

**I plan to deal with the following barrier(s) which have kept me from going to work or maintaining a job.**

**Since the VR program cannot help me with these barriers, I plan to deal with them myself or to seek help from someone else, as follows:**

---

**Client comments and choice of plan, services, and service providers:**

**The following people participated in the development of this plan:**

---

<b>Name:</b>	<b>Title:</b>
<b>Agency:</b>	<b>Phone #:</b>
<b>Cell #:</b>	<b>TTY ?</b>
<b>Email:</b>	<b>VRS IP:</b>

---

<b>Name:</b>	<b>Title:</b>
<b>Agency:</b>	<b>Phone #:</b>
<b>Cell #:</b>	<b>TTY ?</b>
<b>Email:</b>	<b>VRS IP:</b>

**Understandings:**

- I have actively participated in the development of this IPE, including making informed choices when available.
- I know that I can request a review of, or formally appeal, decisions made: (a) in developing this IPE; (b) to reduce, suspend, or stop services; and (c) to determine me as no longer eligible at any time during the VR program.
- I will keep a copy of this IPE that is being provided to me and copies of any future changes.
- I understand that this IPE cannot be changed in any major way without my involvement. I must have a chance to review and discuss any amendment to this IPE, including any decisions to terminate this Plan or to close my case. My signature or initials on amendments or changes to this document is evidence of participation.
- I understand that this IPE places responsibilities on both me and on the VR agency. I am committed to this plan of action.
- Reviews will be done on or near each "Intermediate Objective achievement date" to see if the rehabilitation effort is on track, if there is any need to change directions or to make adjustments, or to abandon the vocational rehabilitation effort.
- I agree to re-evaluate this IPE, and change it as necessary, if I can't/don't achieve the Intermediate Objectives that were set and agreed to.
- I will notify the VR counselor if I decide to no longer participate in the VR program. I will also let the VR counselor know of any jobs I get; changes to my address, telephone number and other ways to contact me; and changes in my economic status; and any changes in my health condition.
- I understand that AZ RSA will, as needed, verify employment from available resources within the confines of confidentiality laws, regulations, rules, and policies.
- This is not a contract and is dependent upon the availability of funds.
- (For SSI/SSDI beneficiaries) I understand that by signing this IPE:

**My Ticket to Work ("Ticket") is automatically assigned to the RSA for as long as I continue to participate in these IPE services. I understand that I can reassign my Ticket to an Employment Network any time.**

**Because my IPE is a collaborative effort between RSA and another Employment Network (under the terms of a mutually agreed on joint agreement), my Ticket has been assigned to the Network and will remain assigned to that Network.**

**The following attachments are considered part of this IPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Client Purchase Agreement                    | <input type="checkbox"/> Coordination of Extended Supported Employment |
| <input type="checkbox"/> Coordination of Student Financial Assistance | <input type="checkbox"/> Copy of IEP, ISP, IWP, et. al.                |
| <input type="checkbox"/> Cost Sharing Agreement for School Tuition    | <input type="checkbox"/> Equipment Contract with Client                |
| <input type="checkbox"/> ICA Special Fund Plan                        | <input type="checkbox"/> Identifying a Job or Career Goal              |
| <input type="checkbox"/> Impairment Related Work Expenses (IRWE) plan | <input type="checkbox"/> Informational Interviewing                    |
| <input type="checkbox"/> Labor Market survey                          | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Plan for Achieving Self Support (PASS)       | <input type="checkbox"/> Plan of Study                                 |
| <input type="checkbox"/> Technology Profile/Assistive Technology Plan | <input type="checkbox"/> Transportation Worksheet                      |
| <input type="checkbox"/> Vehicle Modification Packet                  |  |

---

**SIGNATURE**

---

**Date**

---

**SIGNATURE**

---

**Date**

**Printed On:**

**Emailed On:**