



Individualized Plan for Employment (IPE)

Name: _____ Original IPE _____ Amended IPE

Development of Your IPE

- Your Individualized Plan for Employment (IPE) is a flexible, working plan. The purpose of your plan is to help you prepare for, get, and keep a job.
- You have the right to receive help from a qualified Nebraska VR specialist to complete all or part of your VR plan.
- You have the right to complete your own IPE. You can have a parent, family member, authorized representative, advocate, qualified VR specialist not employed by Nebraska VR, advocacy organization, or other person help you write your IPE.
- Nebraska VR will provide benefits planning if you receive SSDI or SSI.
- Your IPE must be completed within 90 days from your date of eligibility, or a mutually agreed upon extension must be completed (per WIOA regulations).

Your IPE will identify –

- Your **Job Goal** - Your job goal is the job you want to obtain at the weekly work hours agreed to on your plan.
- **Services You Need** - You and VR will research and discuss the services you need to reach your job goal. Before services can begin, you and VR must be in agreement with and sign your IPE.
- Estimated **Start Date** – The date you would like to start working.

Effective Date - Your IPE takes effect and services may be initiated on the day a qualified VR specialist signs and approves it.

EMPLOYMENT OUTCOME (check one)

Projected Post School Employment Outcome OR

Employment Outcome

_____ Unsupported-Competitive, Integrated OR

_____ Supported-Competitive, Integrated (Extended Services Plan required below):

DD Eligible? _____ Yes _____ No

Is DD funding available? _____ Yes _____ No

SE Type: _____ MH/BH _____ DD/ID _____ ABI _____ Autism

Extended Service Plan*: _____ DHHS MH/BH _____ DHHS DD _____ SE Provider

_____ Unknown _____ Nebraska VR (Youth Only)

*If it is not possible to identify the source of extended services (Unknown) at the time the IPE is written, describe the basis for concluding the source(s) will become available (Required):

Is this a plan for Self Employment? _____ Yes _____ No

If still in high school, check one of the following: _____ High School Diploma _____ Special Education Certificate

Job Goal: What is the job you want? _____

Weekly Work Hours: How many hours do you expect to work each week? _____

Start Date: What date would you like to start working? _____

Comments/Responsibilities: _____

Category/Service	Who Will Provide
CAREER SERVICES	
<input type="checkbox"/> Benefits Counseling _____ Planning* _____ Plan to Achieve Self Sufficiency (PASS) * _____ Management*	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Diagnosis and Treatment _____ Drugs _____ Eyeglasses _____ Medical Treatment	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Interpreter _____ Hearing Impaired* _____ Foreign Language*	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Information and Referral _____ Information and Referral	<input type="checkbox"/> Team Service
<input type="checkbox"/> Job Placement Assistance _____ Placement With Job Coaching	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Job Readiness _____ Job Readiness*	<input type="checkbox"/> Community Provider
	<input type="checkbox"/> Team Service
<input type="checkbox"/> Short Term Supports _____ Employment Follow-Up _____ Employment Success Skills _____ Interpreting with Job Coaching _____ Job Coach*	<input type="checkbox"/> Community Provider
	<input type="checkbox"/> Team Service
<input type="checkbox"/> Job Search Assistance _____ Job Search Assistance (Team Service) _____ Job Search and Placement* (SE Plan Service Only) _____ Job-Seeking Skills _____ Plan for Job Development* (SE Plan Service Only)	<input type="checkbox"/> Team Service
	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Maintenance – Increased Living Costs _____ Lodging & Per Diem _____ Relocation _____ Security Deposit _____ Uniforms and Work Clothing _____ Utility Initiation	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Other Services _____ Background Check _____ Child Care-In Home _____ Child Care-Out-of-Home _____ Employment/Training Medical Supports _____ Licenses/Permits _____ Other Assistance _____ Tools-Employment _____ Tutor	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Personal Assistance Services _____ Independent Living Skills Training _____ Personal Care Assistant	<input type="checkbox"/> Community Provider

Category/Service	Who Will Provide
CAREER SERVICES	
<input type="checkbox"/> Rehab Technology _____ Assistive Devices-Non Prescriptive _____ Assistive Technology Use (ATP Only) _____ Computer _____ Durable Medical Goods-Prescribed by Physician _____ Hearing Aids _____ Home Modification (ATP Only) _____ Mobile Technology _____ Prosthesis _____ Rehab Engineering _____ Rehab Technology Repair _____ Vehicle Modification Existing (ATP Only) _____ Vehicle Modification-New (ATP Only) _____ Worksite Modification (ATP Only)	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Technical Assistance Self Employment _____ Business Plan Implementation/Revision* _____ Small Business Start Up Expenses* _____ Small Business Technical Assistance*	<input type="checkbox"/> Team Service <input type="checkbox"/> Community Provider
<input type="checkbox"/> Transportation _____ Private Vehicle _____ Other Transportation _____ Vehicle Repair	<input type="checkbox"/> Community Provider
<input type="checkbox"/> VR Counseling & Guidance _____ VR Counseling & Guidance	<input type="checkbox"/> Team Service

Category/Service	Who Will Provide
TRAINING SERVICES	
<input type="checkbox"/> Basic Academic _____ Academic/Literacy Basic	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Customized Training _____ VR Certificate Program	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Disability Related Skills Training _____ Disability Related Skill Training	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Miscellaneous Training _____ GED _____ Other Classes	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Occupational/Vocational Training _____ Skill Building	<input type="checkbox"/> Community Provider
<input type="checkbox"/> On the Job Training _____ On-the-job Training	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Registered Apprenticeship _____ Apprenticeships Program	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Jr/Community College _____ VR Allowance (Includes Tuition, Fees, Books & Supplies) Increased costs: _____ Child Care-In Home _____ Child Care-Out-of-Home _____ Private Vehicle _____ Other Transportation _____ Tools _____ Uniforms/Clothing	<input type="checkbox"/> Community Provider
<input type="checkbox"/> 4 Year College _____ VR Allowance (Includes Tuition, Fees, Books & Supplies) Increased costs: _____ Child Care-In Home _____ Child Care-Out-of-Home _____ Private Vehicle _____ Other Transportation _____ Tools _____ Uniforms/Clothing	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Graduate College _____ VR Allowance (Includes Tuition, Fees, Books & Supplies) Increased costs: _____ Child Care-In Home _____ Child Care-Out-Of-Home _____ Private Vehicle _____ Other Transportation _____ Tools _____ Uniforms/Clothing	<input type="checkbox"/> Community Provider

Category/Service	Who Will Provide
SUPPORTED EMPLOYMENT SERVICES <ul style="list-style-type: none"> • Any training needed for job skills must be provided on-site • Periodic monitoring by Nebraska VR to ensure progress toward weekly work hours • Twice monthly monitoring by supported employment provider • Coordination of SE Services with any other federal or state program 	
<input type="checkbox"/> Customized Supported Employment _____ Customized Employment*	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Individual Supported Employment _____ Supported employment*	<input type="checkbox"/> Community Provider
<input type="checkbox"/> Extended Services (VR Funded Youth Only) _____ Extended Services	<input type="checkbox"/> Community Provider

Category		Who Will Provide		Counseling on Enrollment Opportunities	Work Based Learning Experiences	Instruction in Self Advocacy	Workplace Readiness Training	Job Exploration Instruction in Self Advocacy Counseling
PRE-EMPLOYMENT TRANSITION SERVICES (REQUIRED)								
<input type="checkbox"/> Counseling on Enrollment Opportunities	<input type="checkbox"/> Community Provider <input type="checkbox"/> Team Service	<input type="checkbox"/> Work Based Learning Experience						
<input type="checkbox"/> Instruction in Self Advocacy								
<input type="checkbox"/> Workplace Readiness Training								
<input type="checkbox"/> Job Exploration Counseling								
SUPPORT SERVICE TO A REQUIRED PRE-EMPLOYMENT TRANSITION SERVICE				Identify the REQUIRED Service for each Support Service				
<input type="checkbox"/> Assistive Devices-Non Prescriptive	<input type="checkbox"/> Community Provider	<input type="checkbox"/> Assistive Technology Use						
<input type="checkbox"/> ATP Consultation								
<input type="checkbox"/> Background Check								
<input type="checkbox"/> Child Care- In Home								
<input type="checkbox"/> Child Care- Out of Home								
<input type="checkbox"/> Computer								
<input type="checkbox"/> Employment/Training Med Supports								
<input type="checkbox"/> Eyeglasses								
<input type="checkbox"/> Hearing Aids								
<input type="checkbox"/> Increased Living Costs								
<input type="checkbox"/> Independent Living Skills Training								
<input type="checkbox"/> Interpreter Foreign Language								
<input type="checkbox"/> Interpreter Hearing Impaired								
<input type="checkbox"/> Interpreting with Job Coaching								
<input type="checkbox"/> Job Coach								
<input type="checkbox"/> Licenses/ Permits								
<input type="checkbox"/> Lodging and Per Diem								
<input type="checkbox"/> Mobile Technology								
<input type="checkbox"/> Other Transportation								
<input type="checkbox"/> Personal Care Assistant								
<input type="checkbox"/> Private Vehicle								
<input type="checkbox"/> Prosthesis								
<input type="checkbox"/> Rehab Technology Repair								
<input type="checkbox"/> Tools-Employment								
<input type="checkbox"/> Uniforms and Work Clothing								
<input type="checkbox"/> Vehicle Repair								
<input type="checkbox"/> Worksite Skills Trainer								

IPE Terms and Conditions

Approving Your IPE

A qualified VR specialist can approve your IPE if:

- There is a reasonable chance you will get hired in your job goal in your local labor market or in an area you are willing to relocate;
- Your job goal will give you the wages and benefits you need;
- Your plan includes all the services you need to meet the employment criteria for a job in your goal; and
- There are qualified providers available for each service on your IPE.

Funding Your IPE

VR wants you to make an informed decision regarding your financial participation. VR may help you pay for services; however, there are limits:

- VR can only help with the cost of services listed on your approved IPE;
- If another federal, state, or local public agency, health insurance, or employee benefit can provide the service(s) or pay for what you need, you will need to apply for their help.
- Non SSI/SSDI recipients - VR will ask if you can share in the cost of your services if they exceed our cost containment guidelines (Rule 72).
- SSI/SSDI recipients are exempt from participating in the cost of services on the approved IPE (CFR 361.54)

You may request a copy of VR guidelines, or view them at vr.nebraska.gov, Resources, Rule 72.

Purchasing Services

If VR will share in the cost of services you usually can choose how VR will help you pay based on VR guidelines, cost estimates, or price quotes. If the cost exceeds VR guidelines, you will pay the extra cost. VR must use the lowest cost option for some services.

Cash Advance - VR gives you a check before you buy anything. You use the money to buy the agreed on service from any provider. VR will require verification of the purchase.

Reimbursement – VR authorizes for a service before you buy anything. You buy the service using your money. You give VR itemized receipts for what you spent. VR sends you a check.

Nebraska VR Purchase - You and VR agree on a provider for the service. VR completes an authorization to the provider. You go to the authorized provider for the service. The provider bills VR.

Financial Accountability

You must use VR funds only for the services on your approved IPE, or you are liable for the repayment of those funds. Failure to repay misused funds could result in discontinuation of VR services, collection procedures, referral to law enforcement or reporting to credit agencies.

Progress Toward Your Job Goal

Your VR Specialist will stay in contact as you work towards your job goal, and complete an annual review of your IPE.

You will need to be an active participant in your services and in these reviews. To review your progress toward your job goal, VR looks at:

- Your views of your progress;
- Your satisfaction with the services you receive;
- Progress reports from your service providers;
- Our evaluation of your progress;

Based on this information, you and VR can agree to continue your plan or to make changes to your IPE.

Changing Your IPE

An amendment to your written IPE must be made if:

- You want to change your job goal; or
- A Category is added; or
- A Service is terminated; or
- “Who Will Provide” (Community vs. Team) changes

Approving Changes to Your IPE

You and a VR Specialist must agree to the changes and sign the amended IPE.

Effective Date of Changes

The changes to your written IPE take effect on the day the qualified VR specialist approves and signs it.

Post-Employment Services

Once you've started a job, VR can provide or arrange post-employment services needed to maintain, regain, or advance in employment until you no longer require them. At that time, you and VR must agree that your case can be closed. Once your case is closed, you would need to apply for any additional services.

Case Closure

Your case will be closed when:

- Your work performance is satisfactory; and
- You've maintained your job for at least 90 days without post-employment services; and
- You and your VR Specialist agree no additional services are needed.

Rights

You have the right to take part in any decisions about your IPE.

You have the right to review your plan with VR at least once a year. You can ask for changes at any time.

You have the right to ask for or view VR guidelines at vr.nebraska.gov, Resources, Rule 72

Client Assistance Program (CAP)

You can get in touch with the Client Assistance Program (CAP) if you need information or help to:

- Understand vocational rehabilitation services;
- Get advice about services or benefits that may be available to you;
- Get advice about your rights and responsibilities;
- Deal with problems with a program that is providing you with vocational rehabilitation services;
- Ask for mediation or a review of a VR decision:

Call 1.800.742.7594 (toll free)
402.471.0201 (Lincoln) TT Available
Write to: PO Box 94987
Lincoln, Nebraska 68509

Mediation

If you want mediation of any decision about your VR services, contact the Regional Mediation Center serving your county, or ask VR or CAP for a list of Mediation Centers:

<https://supremecourt.nebraska.gov/programs-services/mediation-restorative-justice>.

Both you and VR must agree to take part in mediation with a qualified and impartial mediator.

Review of Decisions

If you want a review of any decision about your VR services, you may file a petition for an impartial review. An impartial hearing officer will do this review using the Nebraska Department of Education's Rule 71 (Title 92 Nebraska Administrative Code, Chapter 71). You can ask VR or CAP for a copy of this rule, or get a copy at vr.nebraska.gov. Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must send in your petition and a copy of the written decision within 30 calendar days of the date you get the written decision to:

Impartial Hearing Coordinator, Nebraska VR
PO Box 94987
Lincoln NE 68509

Check one and sign below:

Agreement and Approval of Employment Outcome Individualized Plan for Employment (IPE): My IPE will take effect and services can be initiated when Nebraska VR approves it. I agree my IPE is in line with my strengths, priorities, concerns, abilities, capabilities, career interests, resources, informed choices and labor market information. I understand I will be given a copy of my IPE once it is signed, which includes the job goal, services, payment sources, timelines, and terms & conditions. I agree with my IPE.

If I receive SSDI or SSI benefits based on my disability, I understand by signing this IPE, the Social Security Administration will consider me as "Assigning my Ticket to VR". While my Ticket is considered to be "in use" and I am making timely progress toward my employment goal, as determined by Social Security, I may be exempt from continuing disability reviews (CDR.) For more information visit Ticket to

Work: choosework.ssa.gov/

OR

Agreement and Approval of Projected Post School Employment Outcome Individualized Plan for Employment (IPE): My IPE will take effect and services can be initiated when Nebraska VR approves it. I agree my IPE is in line with my current abilities, needs, interests, and my measurable annual goals, objectives, progress and performance identified in my Individualized Education Plan (IEP). I understand I will be given a copy of my IPE once it is signed, which includes the job goal, services, payment sources, timelines, and terms & conditions. I agree with my IPE.

Individual Signature

Date

Nebraska VR Contact

Authorized Representative

Date

Nebraska VR Approval

Date