07/2026

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 services to all who receive public benefits.
- 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) ☐ DHHS-TBI Waiver

*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	
☐ Benefits Counseling ☐ Planning* ☐ Plan to Achieve Self Sufficiency (PASS) * ☐ Management*	☐ Community Provider
☐ Diagnosis and Treatment ☐ Drugs ☐ Eyeglasses ☐ Medical Treatment ☐ Prosthesis	☐ Community Provider
☐ Interpreter ☐ Hearing Impaired* ☐ Foreign Language*	☐ Community Provider
☐ Information and Referral ☐ Information and Referral	☐ Team Service
☐ Job Placement Assistance ☐ Placement With Job Coaching	☐ Community Provider
☐ Job Readiness ☐ Job Readiness*	☐ Community Provider ☐ Team Service
☐ Short Term Supports ☐ Employment Follow-Up ☐ Employment Success Skills ☐ Interpreting with Job Coaching ☐ Job Coach*	☐ Community Provider ☐ Team Service
☐ 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)	☐ Team Service ☐ Community Provider
☐ Maintenance – Increased Living Costs ☐ Lodging & Per Diem ☐ Relocation ☐ Security Deposit ☐ Uniforms and Work Clothing ☐ Utility Initiation	☐ Community Provider

Category/Service	Who Will Provide
CAREER SERVICES	
☐ Other Services ☐ Background Check ☐ Child Care-In Home ☐ Child Care-Out-of-Home ☐ Employment/Training Medical Supports ☐ Licenses/Permits ☐ Other Assistance ☐ Tools-Employment ☐ Tutor	☐ Community Provider
☐ Personal Assistance Services ☐ Independent Living Skills Training ☐ Personal Care Assistant	☐ Community Provider
☐ Rehab Technology ☐ Assistive Devices-Non Prescriptive ☐ Assistive Technology Use (ATP Only) ☐ Computer ☐ Durable Medical Goods-Prescribed by Physician ☐ Hearing Aids ☐ Mobile Technology ☐ Rehab Engineering ☐ Rehab Technology Repair ☐ Vehicle Modification Existing (ATP Only) ☐ Vehicle Modification-New (ATP Only) ☐ Worksite Modification (ATP Only)	☐ Community Provider
☐ Home Modification ☐ Home Modification (ATP Only)	☐ Community Provider
☐ Technical Assistance Self Employment ☐ Business Plan Implementation/Revision* ☐ Small Business Start Up Expenses* ☐ Small Business Technical Assistance*	☐ Team Service ☐ Community Provider
☐ Transportation ☐ Private Vehicle ☐ Other Transportation ☐ Vehicle Repair	☐ Community Provider
☐ VR Counseling & Guidance ☐ VR Counseling & Guidance	☐ Team Service

Category/Service	Who Will Provide
TRAINING SERVICES	
☐ Basic Academic ☐ Academic/Literacy Basic	☐ Community Provider
☐ Customized Training ☐ VR Certificate Program	☐ Community Provider
☐ Disability Related Skills Training ☐ Disability Related Skill Training	☐ Community Provider
☐ Miscellaneous Training ☐ GED ☐ Other Classes	☐ Community Provider
☐ Occupational/Vocational Training ☐ Skill Building	☐ Community Provider
☐ On the Job Training ☐ On-the-job Training	☐ Community Provider
☐ Registered Apprenticeship ☐ Apprenticeships Program	☐ Community Provider
☐ 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	☐ Community Provider
☐ 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	☐ Community Provider

Category/Service	Who Will Provide
TRAINING SERVICES	
☐ 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	☐ Community Provider

Category/Service	Who Will Provide
SUPPORTED EMPLOYMENT SERVICES • 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	
☐ Customized Supported Employment ☐ Customized Employment*	☐ Community Provider
☐ Individual Supported Employment ☐ Supported employment*	☐ Community Provider
☐ Extended Services (VR Funded Youth Only) ☐ Extended Services	☐ Community Provider

* Denotes a VR Service Agreement is required.

Category/Service	Who Will Provide
PRE·EMPLOYMENT TRANSITION SERVICES (REQUIRED)	
☐ Counseling on Enrollment Opportunities ☐ Work Based Learning Experience ☐ Instruction in Self Advocacy ☐ Workplace Readiness Training ☐ Job Exploration Counseling	☐ Community Provider ☐ Team Service

TEAM SUPPORT SERVICE TO A REQUIRED PRE·EMPLOYMENT TRANSITION SERVICE

Identify the REQUIRED Service for each Support Service

Service	Counseling on Enrollment Opportunities	Work Based Learning Experiences	Instruction in Self Advocacy	Workplace Readiness Training	Job Exploration Counseling
☐ Job readiness training	☐	☐	☐	☐	☐
☐ Independent Living Skills Training	☐	☐	☐	☐	☐

COMMUNITY SUPPORT SERVICE TO A REQUIRED PRE·EMPLOYMENT TRANSITION SERVICE

Identify the REQUIRED Service for each Support Service

Service	Counseling on Enrollment Opportunities	Work Based Learning Experiences	Instruction in Self Advocacy	Workplace Readiness Training	Job Exploration Counseling
☐ Assistive Devices-Non Prescriptive	☐	☐	☐	☐	☐
☐ Assistive Technology Use	☐	☐	☐	☐	☐
☐ Benefits Management	☐	☐	☐	☐	☐
☐ Benefits PASS Development	☐	☐	☐	☐	☐
☐ Benefits Planning	☐	☐	☐	☐	☐
☐ Child Care- In Home	☐	☐	☐	☐	☐
☐ Child Care- Out of Home	☐	☐	☐	☐	☐
☐ Computer	☐	☐	☐	☐	☐
☐ Durable medical goods-Prescribed by Physicians	☐	☐	☐	☐	☐
☐ Hearing Aids	☐	☐	☐	☐	☐
☐ Home modification	☐	☐	☐	☐	☐
☐ Independent Living Skills Training	☐	☐	☐	☐	☐
☐ Interpreter Foreign Language	☐	☐	☐	☐	☐
☐ Job readiness training	☐	☐	☐	☐	☐
☐ Licenses/ Permits	☐	☐	☐	☐	☐
☐ Lodging and Per Diem	☐	☐	☐	☐	☐
☐ Mobile Technology	☐	☐	☐	☐	☐
☐ Other assistance	☐	☐	☐	☐	☐
☐ Other Transportation	☐	☐	☐	☐	☐
☐ Personal Care Assistant	☐	☐	☐	☐	☐
☐ Private Vehicle	☐	☐	☐	☐	☐
☐ Rehab engineering	☐	☐	☐	☐	☐
☐ Rehab Technology Repair	☐	☐	☐	☐	☐
☐ Relocation	☐	☐	☐	☐	☐
☐ Security Deposit-Rental	☐	☐	☐	☐	☐
☐ Tutor	☐	☐	☐	☐	☐
☐ Utility initiation	☐	☐	☐	☐	☐
☐ Vehicle modification existing	☐	☐	☐	☐	☐
☐ Vehicle modification-New	☐	☐	☐	☐	☐
☐ Vehicle Repair	☐	☐	☐	☐	☐
☐ Worksite modification	☐	☐	☐	☐	☐

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 Service Category is added; or
- A Service is terminated; or
- A previously terminated service is added back to the IPE; or
- "Who Will Provide" (Community vs. Team) changes
- Your Projected Post School Employment Outcome changes to an Employment Outcome

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.

Further, I understand that if I receive benefits based on disability from the Social Security Administration (SSI/SSDI) and have been issued a Ticket to Work by SSA, my Ticket to Work may be assigned to Nebraska VR. If this occurs, I will receive a letter from Social Security telling me my ticket is assigned, and I may be exempt from Continuing Disability Reviews (CDR). If I have questions about this, a VR Specialist can provide more information, and I can also find information about the Ticket to Work at: choosework.ssa.gov/

Individual Signature	Date	Nebraska VR Contact	
Authorized Representative	Date	Nebraska VR Approval	Date