



CORRECTIVE ACTION PLAN

Date: _____

General Information

Client Name: _____ Authorization #: _____

Description of fund misuse: _____

Amount of funds misused: \$ _____

Plan of Corrective Action

I have misused state and/or federal funds provided to me as a part of my Individualized Plan for Employment and am liable for the full repayment of these funds, and/or the restitution of goods/services. I have identified the following steps to correct my misuse of funds:

- Step 1: _____
- Step 2: _____
- Step 3: _____
- Step 4: _____

Approximate date of Completion: _____

I understand that services from Nebraska VR (Vocational Rehabilitation) may continue as long as I am following the Corrective Action Plan outlined above. Failure to complete the Corrective Action Plan could result in the discontinuation of VR services, use of collection procedures, referral to law enforcement, and/or reporting to credit agencies.

Client Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

Counselor Signature: _____ Date: _____