

Name: \_\_\_\_\_

### Individualized Plan for Employment (IPE) - Job Goal

Original       Amended       Projected post school employment outcome

**Job Goal:** State the job you want to have at the end of your plan.

\_\_\_\_\_  
**Comments/Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
I expect to be working by: \_\_\_\_\_

**Weekly Work Hours:** How many hours do you expect to work each week?     14 or less     15 to 19     20 to 31     32 or more

### Supported Employment

Individual Placement       Customized Placement

**Continuing Help:** Check each type of continuing help you will need to do well on your job. Meet with me:

- Where I work at least 2 times a month to find out how I am doing on the job and what help I need. **OR**
- Away from where I work at least 2 times a month to find out how I am doing on the job and what help I need.

- Talking to my boss and co-workers where I work about how to help me do well on my job.
- Training me where I work in the skills I need to do well on my job.       Training me where I work in getting along with people.
- Get continuing help to do well on my job.     Other help I will need to do well on my job (Describe) \_\_\_\_\_

**Provider:** Check who will give you or pay for the continuing help you need. (At least one box must be checked.)

- DD Service Coordination     Coworker     Employer     DD Service Provider     Community Support Worker
- Mental Health Clubhouse     Family Member \_\_\_\_\_  Community Mental Health Program \_\_\_\_\_
- Advocacy/Support Group \_\_\_\_\_     Other \_\_\_\_\_

### Check one and sign below:

**Agreement and Approval of Employment Goal or Amended Individualized Plan for Employment:** My plan will take effect when Nebraska VR approves it. I agree the job goal is in line with my strengths, priorities, concerns, abilities, capabilities, career interests, resources, informed choices and labor market information. I have been given a copy of my IPE 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 Individualized Plan for Employment Job Goal, the Social Security Administration will consider me as "Assigning my Ticket to VR". While my Ticket is considered to be "in use" no continuing disability reviews (CDR) will be initiated as long as I am determined to be making "Timely Progress" by Social Security. For more information visit Ticket to Work: [choosework.ssa.gov/](http://choosework.ssa.gov/)

**OR**

**Agreement and Approval of Projected Post School Employment Outcome Individualized Plan for Employment:** My plan will take effect when Nebraska VR approves it. I agree the job goal is in line with my strengths, priorities, concerns, abilities, capabilities, career interests, resources, informed choices and labor market information. I have been given a copy of my IPE which includes the job goal, services, payment sources, timelines, and terms & conditions. I agree with my IPE.

\_\_\_\_\_  
Your Signature      Date

\_\_\_\_\_  
Nebraska VR Contact

\_\_\_\_\_  
Authorized Representative      Date

_____ Nebraska VR Approval	_____ Date
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