

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

## Individualized Plan for Employment (IPE) - Supports

| Services  | Where will I get them? | Who will pay for them?   | Services start & end dates |
|---|------------------------|--|----------------------------|
| <b>Transportation</b><br><input type="checkbox"/> Fix car to get back and forth to services or to look for work.<br><input type="checkbox"/> Help traveling back and forth to services or to look for work.   |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |
| <b>Increased Costs Caused by Participating in Services (Maintenance)</b><br><input type="checkbox"/> Get clothing while I am looking for work.<br><input type="checkbox"/> Get meals and/or lodging while I am looking for work. (Example: overnight trip)<br><input type="checkbox"/> Meet increased living costs caused by participation in services.<br><input type="checkbox"/> Help in moving to start a job or to participate in services.  |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |
| <b>Personal Assistance and Communication</b><br><input type="checkbox"/> Find an interpreter if deaf or hard of hearing.<br><input type="checkbox"/> Find a foreign language interpreter.<br><input type="checkbox"/> Find someone to read text and written materials.<br><input type="checkbox"/> Find someone to tutor.<br><input type="checkbox"/> Get needed assistance with self care and activities of daily living.  |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |
| <b>Other Services</b><br><input type="checkbox"/> Obtain childcare while I am getting services or looking for work.<br><input type="checkbox"/> Obtain licenses, permits or certifications for work.<br><input type="checkbox"/> Get tools for on-the-job training or work.<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____   |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |
| <b>Things I Need for Services and Work (Technology Support)</b><br><input type="checkbox"/> Help modifying my work setting.<br><input type="checkbox"/> Get eyeglasses.<br><input type="checkbox"/> Get hearing aids.<br><input type="checkbox"/> Obtain a computer.<br><input type="checkbox"/> Obtain assistive devices.<br><input type="checkbox"/> Repair items that help me function.  |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |
| <b>Post Secondary Supports</b><br><input type="checkbox"/> Obtain tools for my associate's degree.<br><input type="checkbox"/> Obtain tools for my bachelor's degree.<br><input type="checkbox"/> Obtain tools for my master's, doctorate or specialist degree.<br><input type="checkbox"/> Get uniforms or work clothes.<br><input type="checkbox"/> Meet increased living costs caused by attending school.<br><input type="checkbox"/> Meet increased childcare costs caused by attending school.<br><input type="checkbox"/> Help traveling back and forth to school. |                        | <input type="checkbox"/> Nebraska VR<br><input type="checkbox"/> Client<br><input type="checkbox"/> Other<br>_____ |                            |

Comments/Responsibilities:

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