

 DHS Oregon Department of Human Services	<h2 style="margin: 0;">Action Request Transmittal</h2>
<h3 style="margin: 0;">Vocational Rehabilitation</h3>	

Pete Karpa, Deputy Director _____

Number: VR-AR 17-06

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Issue date: 05/04/2017, the date of the ORCA release

Due date: Immediately

Topic: ORCA Individual Plan for Employment (IPE)

Subject: IPE Comprehensive Vocational Assessment narrative expanded

Applies to (check all that apply):

<input checked="" type="checkbox"/>	Vocational Rehabilitation – All Staff
<input type="checkbox"/>	Vocational Rehabilitation – Executive Team
<input type="checkbox"/>	Vocational Rehabilitation - Administration
<input type="checkbox"/>	Vocational Rehabilitation – Branch Managers

Action Required:

The Oregon Vocational Rehabilitation Counselor must go into ORCA and change or update information in the IPE Comprehensive Vocational Assessment section for:

- ◆ New data entered on or after the most recent ORCA update release on 5/4/2017.
- ◆ For IPEs that were not signed by participants as of 5/4/2017.
- ◆ For IPEs signed before 5/4/2017 **and signed by the participant** no change is required *unless a future modification is made to the plan.*

At participant closure, the Vocational Rehabilitation Counselor may add a statement in the newly formatted boxes, e.g., “Please refer to existing information in the first box.”

Procedures:

The new IPE Comprehensive Vocational Assessment section for data has six narrative boxes. Provide a narrative to the new questions.

The IPE is considered a legal document.

- ◆ Do not enter “xxx” in the empty boxes. Leave the box empty if there is no information.

The set of questions are to be answered, by box, are:

- ◆ **New Interests:** Why and how did they choose this goal? What do they love or want to do for work? Hobbies?*
- ◆ **New Concerns:** What are the client’s concerns about working? (Child care, safety issues, transportation, having enough experience, etc.)*
- ◆ **New Priorities:** What are the client’s priorities? (Working as soon as possible, career advancement, wage level, working in a certain occupational area, geographic area, etc.)*
- ◆ **New Resources/supports:** What resource or support systems does the person have that will help them obtain employment? (Family, friends, church group, other agencies, public benefits, income source, etc.)*
- ◆ **Strengths, abilities, capabilities, and transferrable skills:** What skills or soft skills does the person bring to this vocational goal? What are they very good at and enjoy? What skills have they used on other jobs that will help them in this goal?*
- ◆ **Discuss Labor Market Information Job Characteristics***
- ◆ **What steps are needed to reach the employment goal?**

Ask your Branch Manager for clarification.

Field/stakeholder review:

Yes No

If yes, reviewed by: SRC Policy Committee (5/22/2017)

Applicability:

Regulations related to this action include:

34 CFR §361.5 Applicable definitions.

(c)(5) Assessment for determining eligibility and vocational rehabilitation needs

Authority: Sections 7(2) and 12(c) of the Rehabilitation Act of 1973, as amended; 29 U.S.C. 705(2) and 709(c)

Executive Order No. 15-01. Providing Employment Services to Individuals with Intellectual and Developmental Disabilities.

https://www.ada.gov/olmstead/documents/oregon_eo_15-01.pdf

Training requirement:

Branch Managers will review with staff and clarify or answer questions pertaining to this action request.

If you have any questions about this action request, contact:

Contact(s):	Robin Brandt, Policy Analyst		
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