

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

**Participant** Insert Name

**Participant ID** Insert PID#

**Caseload** Insert Caseload # and Counselor Name

---

**1. General Information**

---

**Plan Number** 1

**Signature/Start Date**

Insert Signature Start Date

**Primary Staff at Start**

Insert Staff

**Expected Plan End Date**

Insert End Date

**Supported Employment**

Insert Yes/No

**Self Employment**

Insert Yes/No

**Employment Goal**

Insert Specific Employment Goal

**Reason for Selecting this Employment Goal**

Insert Employment Goal Information.

**Comprehensive Assessment Information for Plan Rationalization**

Insert Plan Rationalization Information

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

**Participant** Insert Name

**Participant ID** Insert PID#

**Caseload** Insert Caseload # and Counselor Name

---

**Discuss Labor Market Information Job Characteristics**

Insert Labor Market Information Job Characteristics

**What Steps Are Needed to Reach the Employment Goal?**

Insert Steps Needed to Reach Employment Goal

---

**2. Planned Services**

---

Description	Estimated Start Date
1    Insert Description	Insert Start Date

**My Chosen Provider**

Insert Provider

Sample  
Office of Vocational Rehabilitation Services  
Individualized Plan for Employment

Participant Insert Name Participant ID Insert PID#  
 Caseload Insert Caseload # and Counselor Name

---

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	

Source of Comparable Benefits

None

Other Comments

Insert Comments

---

Description	Estimated Start Date
2    Insert Description	Insert Start Date
My Chosen Provider	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	

Sample  
Office of Vocational Rehabilitation Services  
Individualized Plan for Employment

Participant Insert Name Participant ID Insert PID#  
Caseload Insert Caseload # and Counselor Name

---

Source of Comparable Benefits

None

Other Comments

Insert Comments

Description	Estimated Start Date
3 Insert Description	Insert Start Date
My Chosen Provider	Insert Provider
<u>Estimated Planned Service Costs</u>	
Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
Total Service	

Source of Comparable Benefits

None

Other Comments

Insert Comments

**Sample**  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name Participant ID Insert PID#  
Caseload Insert Caseload # and Counselor Name

---

Description	Estimated Start Date
4 Insert Description	Insert Start Date
My Chosen Provider	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	<u>          </u>

Source of Comparable Benefits

None

Other Comments

Insert Comments

**Sample**  
 Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name Participant ID Insert PID#  
 Caseload Insert Caseload # and Counselor Name

---

Description	Estimated Start Date
5    Insert Description	Insert Start Date
<b>My Chosen Provider</b>	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
<u>Source to be Determined</u>	<u>\$0.00</u>
Total Service	

Source of Comparable Benefits

None

Other Comments

Insert Comments

**Sample**  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name Participant ID Insert PID#  
Caseload Insert Caseload # and Counselor Name

---

Description	Estimated Start Date
6    Insert Description	Insert Start Date
My Chosen Provider	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	

Source of Comparable Benefits

None

Other Comments

Insert Comments

**Sample**  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name Participant ID Insert PID#  
Caseload Insert Caseload # and Counselor Name

---

Description	Estimated Start Date
7 Insert Description	Insert Start Date
My Chosen Provider	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	

Source of Comparable Benefits

None

Other Comments

Insert Comments

**Sample**  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name Participant ID Insert PID#  
Caseload Insert Caseload # and Counselor Name

---

Description	Estimated Start Date
8    Insert Description	Insert Start Date
My Chosen Provider	Insert Provider

Estimated Planned Service Costs

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	
Source to be Determined	\$0.00
<u>Total Service</u>	

Source of Comparable Benefits

None

Other Comments

Insert Comments

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name

Participant ID Insert PID#

Caseload Insert Caseload # and Counselor Name

---

**Estimated Plan Costs**

Participant	\$0.00
Others/Comparable Benefit	\$0.00
Agency	\$8,941.40
Source to be Determined	\$0.00

---

**Total Plan** **\$8,941.40**

**Describe the participant responsibilities towards the cost of the plan and securing comparable benefits**

Insert participant responsibilities towards the cost of the plan and securing comparable benefits.

---

**3. Participant Responsibilities**

---

**Participant Responsibilities**

I agree that any changes to this plan must be discussed with my counselor and agreed upon in writing before any purchases can be made by the VR agency.

I agree that it is my responsibility to complete this plan and I will inform my counselor of changes or problems affecting my ability to do so.

I agree to accept any reasonable job offer that aligns with my vocational goal.

I agree to attend all scheduled meetings and appointments and respond to all contact within 48 hours.

I agree to consistently look for employment and provide progress reports.

I agree to cooperate with all job placement efforts.

I agree to follow-up on all employment leads provided.

I agree to maintain at least monthly contact with my counselor.

I agree to report any address, telephone number or name changes to my counselor immediately.

I agree to report any medical/psychological issues or concerns that may compromise my ability to participate in VR services as they arise.

I agree to work with my counselor to look for and utilize any comparable benefits available to me.

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

Participant Insert Name

Participant ID Insert PID#

Caseload Insert Caseload # and Counselor Name

---

**Participant Responsibilities Narrative**

Insert Participant Responsibilities

---

**4. Plan Documentation**

---

**A. Criteria for evaluating progress towards my (participant) employment goal:**

Insert Criteria towards goal

Other Comments - Printed on Plan:

---

**5. Terms and Conditions**

---

**Post-Employment Services**

I have been informed of the availability of post-employment services. An assessment of my need for post-employment has been made. It is expected that I (will) (will not) need post-employment services.

**Statement of Mutual Understanding:**

**Informed Choice/Participation:** I will be provided the opportunity to have informed choice and participate throughout the Vocational Rehabilitation process, including selecting a specific employment outcome, the development of my plan, vocational rehabilitation services, and the provider and methods by which these services will be delivered.

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

**Participant** Insert Name

**Participant ID** Insert PID#

**Caseload** Insert Caseload # and Counselor Name

---

- **Accessibility:** I am entitled to have all information relating to the development and review of the Plan presented to me in my native language or appropriate mode of communication, if I so request. All rehabilitative services will be provided in the least restrictive and most integrated setting compatible with my interest and abilities.
- **Non-Discrimination:** Services in this Plan are provided without regard to sex, age, race, religion, color, disability or national origin.
- **Plan Review:** I am entitled to participate in Plan reviews and revisions. The Plan will be reviewed at least annually to assess the progress being made in meeting my employment outcome. Any substantial changes will be agreed to in advance.
- **Financial Participation and Comparable Benefits:** It is understood that I am to participate to the best of my ability financially in this Plan. It is understood that comparable benefits available to me through other agencies and private resources will be utilized toward my rehabilitation.

**Method of Service Procurement:** All services must be pre-approved and pre-authorized by my counselor. A written authorization for services must be made by the counselor before or at the same time as the purchase of services. Any service I receive without prior approval of my counselor will be my responsibility. Authorization and expenditures for services are made in accordance with all applicable state/federal laws, regulations, policies and procedures.

**Other Services:** I am to cooperate in the utilization of services other than rehabilitative services that may supplement my Plan.

**Decision Review Process:**

If I am dissatisfied with any action or decision on the delivery or denial of rehabilitation services, for which I am unable to resolve with my counselor, I understand I have the opportunity to request mediation and/or a fair hearing. I further understand that I must submit my written request for mediation and/or fair hearing within 60 days of a disputed action or decision, on a form furnished by VRD or its equivalent, that I may be represented at my expense, and that VRD will arrange for the mediation and/or fair hearing with an impartial hearings officer.

Sample  
Office of Vocational Rehabilitation Services  
**Individualized Plan for Employment**

**Participant** Insert Name

**Participant ID** Insert PID#

**Caseload** Insert Caseload # and Counselor Name

---

**Client Assistance Program:**

I understand, when appropriate, services are available through the Client Assistance Program (CAP) to assist me in my dealings with VRD and other agencies. The CAP is a service provided under a federal grant, staffed and administered by a private, non-profit organization. If at any time I am dissatisfied with the services I am receiving under this Plan, or need clarification of matters relating to this Plan, the CAP will work with me and VRD to resolve the matter. The CAP telephone number is (Voice): (503) 243-2081 or 1-800-452-1694 (TTY): (503) 323-9161 or 1-800-556-5351.

CAP brochure provided:  Yes  No If not, please give explanation: \_\_\_\_\_.

**Plan Certification**

COUNSELOR'S SIGNATURE	DATE	CLIENT'S SIGNATURE
CLIENT'S REPRESENTATIVE		