



Texas Workforce Commission
Vocational Rehabilitation Services
Individualized Plan for Employment (IPE)

With few exceptions, you are entitled, on request, to be informed about the information that VR collects about you. You also are entitled to receive and review the information, and to have VR correct information about you that is incorrect. (Sections 552.021, 552.023, and 559.004 of the Government Code)

Employment Goal

I, _____ (Case ID: _____) and my VRC (vocational rehabilitation counselor), _____,

have developed and agreed to this plan of Vocational Rehabilitation services. I have chosen the secondary education goal of:

have developed and agreed to this plan of Vocational Rehabilitation services. I have chosen the post-secondary education goal of:

I have chosen the employment goal of:

Occupational code and title:

Self-Employment:

- No
- Yes – Self-Employment – Assessments only
- Yes – Self-Employment – Disability Management only
- Yes – Self-Employment – Business Plan approved

Supported Employment: Yes No

Extended Services are needed to support and maintain a customer in employment: Yes No

It is expected that I will become employed after completing the services on this IPE.

The following steps are necessary to achieve my employment goal:

My VRC and I will review my progress at least annually, using the following criteria:

Services

My VRC and I have discussed which services I need to prepare for, secure, retain, advance in, or regain competitive integrated employment; and I agree that the following services will be provided, arranged, or purchased.

From (date)	To (date)	Service	Service Provider	Method (provided, arranged, or purchased)

My Understanding

I understand that:

- This IPE is not a legal contract. VR will pay for services only as long as funds are available and I am making progress toward the employment goal documented in this IPE;
 - I must maintain all eligibility for VR services, including maintaining current work authorization and failure to do so will result in my ineligibility for VR services;
 - Services will be provided in the most integrated setting possible, consistent with my informed choice;
 - Regarding any treatment: by signing this IPE I am giving my consent to any treatment services prescribed; and
 - Regarding any tools, equipment, or supplies provided to me, I do not own them. The State of Texas has residual ownership. If I try to sell, loan, or dispose of them, I may be prosecuted.
-
- My Ticket to Work will be assigned to the agency by the Social Security Administration (SSA) once this IPE is signed; if my Ticket to Work is already assigned to an Employment Network, I can work with my Vocational Rehabilitation Counselor to reassign my Ticket or speak directly with my Employment Network to unassign my Ticket if I so choose.

My Rights

It is my right:

- To choose a representative to represent me, who can be my parent, guardian, other family member or advocate, unless a representative has been appointed by a court to represent me;
- To call and ask questions about my services at the VR Inquiries Line at 1-800-628-5115;
- If I disagree with any decision made by my VRC, to:
 - Complain to my VRC, verbally or in writing;
 - Receive a written response from my VRC, including contact information for the VR Supervisor; and
 - If I still disagree, to speak directly with the VR Supervisor.
- To contact the Client Assistance Program to discuss my concerns if I want, at 1-800-252-9108.
- To choose to keep my Ticket to Work assigned to an Employment Network if already assigned.

I have been fully involved and used informed choice in the development of this program and have received a copy of this IPE. This program will be reviewed by me, my designated representative, if any, and my VRC as often as necessary, but at least annually. Any change in this program will require collaboration between me, my designated representative, if any, and my VRC.

At the time that I applied for VR services, I received

- a copy of the brochure "A Guide for Applicants" which describes the options for developing the IPE; and
- a copy of the brochure, "Can We Talk? Appeal Procedures for Customers," which explains the VR appeals process including the procedures for mediation and provides a brief description of the Client Assistance Program (CAP).

I have been informed of my rights.

Agreed To By

Customer signature: X	Customer name:	Date:
Representative signature: X	Representative name (if applicable):	Date:
Witness signature(s): X	Witness name(s) (only if applicable):	Date:

Approved By

VRC signature: X	VRC name:	Date:
----------------------------	-----------	-------