|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions logo | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Individualized Plan for Employment (IPE) Amendment** | | | | | | |
| 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** | | | | | | | | | |
| Date of amendment: | | | | | | | | | |
| 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:  Yes  No | | | | | | | | | |
| 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)** | |
|  |  |  | | | |  | |  | |
|  |  |  | | | |  | |  | |
|  |  |  | | | |  | |  | |
|  |  |  | | | |  | |  | |
|  |  |  | | | |  | |  | |
|  |  |  | | | |  | |  | |
| **Responsibilities** | | | | | | | | | |
| My responsibilities in achieving my employment goal are: | | | | | | | | | |
| VR responsibilities in assisting me to achieve my employment goal are: | | | | | | | | | |
| I agree to apply for and/or use these comparable services and benefits, which are available to me for services: | | | | | | | | | |
| Concurrent Department of Veterns Affairs Plan:  Yes  No | | | | | | | | | |
| My portion (if any) of the cost of these services is: | | | | | | | | | |
| My estimated completion date of VR services: | | | | | | | | | |
| I agree to participate in Counseling & Guidance with VRC every (days): | | | | | | | | | |
| I agree to maintain contact with VR staff every (days): | | | | | | | | | |
| It is my responsibility to:   * Inform my VRC of any changes in my address or phone number, income, programs paying for services, or disability;  and * To provide authorization to work in the U.S.; failure to do so will result in ineligibility of services. * Inform the agency if my Ticket to Work is currently assigned to an Employment Network.   Regarding any tools, equipment, or supplies provided to me,   * To use them only for the agreed-upon purpose, and if I no longer need them, to return them to VR; and * To repair and maintain all tools and equipment provided to me by VR at my own expense. | | | | | | | | | |
| **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 once this IPE is signed; if my Ticket to Work is already assigned to an  Employment Network, the Employment Network will contact me to see if I wish to unassign the Ticket  to work from them so it can be assigned to the agency. | | | | | | | | | |
| **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 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: |