

NEZ PERCE VOCATIONAL REHABILITATION SERVICES (NPVRS)

Consumer Individual Plan of Employment

POB 356 Lapwai, Idaho 83540 PH.: (208) 843-9395 1-866-440-11109 FAX: 843-9396

Name: _____

My disability causes the following barriers:

I have other employment barriers not related to my disability that include:

Brief description of the job or work I am seeking to obtain:

These are my skills, qualities, strengths and abilities that support my goal:

Here are some solutions to help overcome barriers to work:

This is how I would like my rehabilitation counselor to be involved with me throughout my IPE plan:

- Encourage me throughout this plan.
- Assist me with any problems that may come up.
- Provide ongoing guidance and counseling.
- Other: _____

These are the services I need to overcome my employment barriers to work:

Service: _____

Name of service provider: _____

How I chose this provider: _____

Cost of service or product: _____

Who will pay for it? _____

Date service begins: _____ Date service ends: _____

Service: _____

Name of service provider: _____

How I chose this provider: _____

Cost of service or product: _____

Who will pay for it? _____

Date service begins: _____ Date service ends: _____

Name of service provider: _____

How I chose this provider: _____

Cost of service or product: _____

Who will pay for it? _____

Date service begins: _____ Date service ends: _____

Yes I need additional service at the end of this document.

No I don't need additional service

Date by which I expect to complete this plan and be working: _____

This is how I will know I am making progress toward my goal: _____

These are services I might need at the end of my plan so I can remain working:

Term & Conditions

Having developed this plan, I agree to:

Complete it to the best of my ability.

Notify my counselor immediately if I need to change this plan.

Review this plan at least one a year to see if any changes are needed in my plan and review my progress.

Go to work at the completion of this plan.

Apply for other resources through other organizations and agencies.

Nez Perce Vocational Rehabilitation Services provided me with information about the following:

My right to choose how to develop my plan.

Availability of assistance in developing this plan.

An explanation of the agencies guidelines and criteria regarding who pays for services.

Evaluating my ability to pay or apply at other organizations & agencies.

Helping me understand my rights as a participant and how to resolve any problem if they arise.

The Client Assistant Plan and how to contact them.

My right to appeal any action made by NPVRS.

I picked the above employment goal, services I need and individuals or organizations that will provide these to me. By signing this plan I intend to go to work. I authorize NPVRS to proceed with these services, as funds become available.

Participant signature: _____

Guardian or representative's signature as needed: _____ Date: _____

Counselor/Specialist signature: _____ Date: _____

Manager's signature: _____ Date: _____