

**Department for Children and Families  
Rehabilitation Services**

**Individual Plan for Employment  
Amendment # \_\_\_\_\_  
For**

\_\_\_\_\_

**AMENDMENT INITIATED BY:**

\_\_\_ Client    \_\_\_ Counselor    \_\_\_ Other (specify) \_\_\_\_\_

*If the amendment is initiated by the Client, the amendment can be implemented prior to securing the Client's signature on this form. If the amendment is initiated by the Counselor or another entity, such as a Service Provider, the Client's signature must be obtained before the amendment can be implemented.*

**CHANGE FROM STANDARD TO SUPPORTED EMPLOYMENT PLAN**

*If this option is selected, the Supported Employment Section below must also be completed.*

**UPDATE MY EMPLOYMENT GOAL**

*Complete only the components for which there is a change.*

Job Title \_\_\_\_\_ SOC \_\_\_\_\_

\_\_\_ Full-time    \_\_\_ Part-time (specify) \_\_\_\_\_

Timeline for when I will start working: \_\_\_\_\_

**My employment goal is consistent with my strengths, resources, priorities, concerns, abilities, capabilities, career interests and informed choice. Explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I will complete the following steps to become employed:**

*(The listing of specific steps in this section is optional depending on the individual's rehabilitation needs.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DELETE A SERVICE/SPECIFY:** \_\_\_\_\_

**UPDATE AN EXISTING SERVICE**

*Complete only the components for which there is a change.*

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No Cost \_\_\_\_\_

Funding sources: \_\_ RS \_\_ Client \_\_ Other (specify)\_\_\_\_\_ \_\_ Other (specify) \_\_\_\_\_

**ADD A NEW SERVICE OR SERVICES**

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No Cost \_\_\_\_\_

Funding sources: \_\_ RS \_\_ Client \_\_ Other (specify)\_\_\_\_\_ \_\_ Other (specify) \_\_\_\_\_

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No Cost \_\_\_\_\_

Funding sources: \_\_ RS \_\_ Client \_\_ Other (specify)\_\_\_\_\_ \_\_ Other (specify) \_\_\_\_\_

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No Cost \_\_\_\_\_

Funding sources: \_\_ RS \_\_ Client \_\_ Other (specify)\_\_\_\_\_ \_\_ Other (specify) \_\_\_\_\_

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No Cost \_\_\_\_\_

Funding sources: \_\_ RS \_\_ Client \_\_ Other (specify)\_\_\_\_\_ \_\_ Other (specify) \_\_\_\_\_

Estimated cost is provided for planning purposes only. Actual cost may vary.

*Use additional sheet if necessary to list all services that are part of this Plan Amendment.*

**Explain how the change in services will contribute to achievement of my employment goal:**

*This analysis is required for deleted, updated or additional services..*

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**AMEND THE EVALUATION CRITERIA**

Describe how and when my progress will be evaluated:

*(For self-employment plans, also describe the criteria that will be used to determine when job performance is stable.)*

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**AMEND POST-EMPLOYMENT SERVICES**

\_\_\_\_ Not anticipated      \_\_\_\_ Contact RS if needed

**AMEND OR ADD SUPPORTED EMPLOYMENT SECTION**

*This part must be completed when the type of plan is amended from standard to supported employment.*

Describe the criteria for determining that my job performance is stable:

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Describe how and when my progress will be evaluated:

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Describe the expected extended services and ongoing support needed:

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How will extended ongoing support be identified and provided:

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*Please note: Any job skills training provided in this Supported Employment Plan will be provided at the employment work site in an integrated community setting.*

**AMEND OR ADD TICKET-TO-WORK SECTION**

*(Please choose one.)*

\_\_\_\_ I understand that my signature on this Plan authorizes my Ticket-to-Work to be assigned to Rehabilitation Services.

\_\_\_\_ I have already assigned my Ticket-to-Work to another Employment Network, and I authorize you to contact this network to coordinate services before finalizing my Plan with Rehabilitation Services. Here is the name of my Employment Network:

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**AMEND OPTIONAL SECTIONS OF THE PARTICIPATION AGREEMENT**

The following responsibilities apply to my Plan when they are checked.

\_\_\_ Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study.

transcript and develop a plan for completing my degree or certificate after the first year of school, when I am going to transfer to another school, or when I am thinking about changing my major course of study. Discuss any changes with my counselor before I make them.

\_\_\_ Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program.

\_\_\_ Provide copies of any notices I receive about my performance in any of my classes and tell my counselor about any changes in my financial aid status.

\_\_\_ Maintain proper care and repair of equipment and assistive technology devices.

\_\_\_ Provide my grades for the prior semester before my counselor can authorize funding for the next semester.

\_\_\_ Return tools, equipment or initial stocks purchased for my Plan or employment if I no longer need them for those purposes.

\_\_\_ Return funds to RS from selling textbooks at the end of the semester.

\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Talk to my counselor before I drop or discontinue any classes.

\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Work with my school to analyze my

**AMEND ECONOMIC NEED STATUS**

Does this amendment require an update or completion of a new Economic Need Statement?

\_\_\_ Yes      \_\_\_ No

If Yes, check all that apply:

- \_\_\_ Change in client's financial status.
- \_\_\_ Client approved for SSI/SSDI.
- \_\_\_ Addition of services subject to economic need.

**MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN AMENDMENT**

I was involved in making decisions about this plan amendment. I had choices about my job goal and the steps and services needed to reach it. I also had choices about who will provide the services. My rights and responsibilities have been explained to me and given to me. I understand that I will receive a copy of my amended Plan.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Signature or My Guardian's Signature

\_\_\_\_\_  
Date