

(Letter to Include a 7-Page IPE Worksheet and Attachments)

Current Date

Customer's Name
Customer's Address
City, State, Zip

Dear _____:

We are glad you have come to the Division of Vocational Rehabilitation (DVR) for employment assistance. We hope your vocational rehabilitation experience will be rewarding for you.

Recently, you were determined eligible to receive VR services. The next step is to develop an Individualized Plan for Employment (IPE) which is a plan of services that you require to become or remain employed.

Enclosed you will find a packet of information that includes:

1. Instructions for completing an IPE;
2. Definitions of services that may be available to you for reaching your employment goal; and
3. A worksheet for completing a draft IPE.

You have two options for completing your IPE:

1. Complete a draft of all or part of your IPE on your own, or with a friend, relative, or representative. If you choose this option, please keep in mind that the employment goals and services must be consistent with your abilities and capabilities. You will need to bring the draft IPE for review and discussion at our next meeting; or
2. Complete your IPE in consultation with me. If you choose this option, we will begin the planning process during our next meeting.

Whichever option you choose, I look forward to providing whatever technical assistance and guidance you may need. Be assured, my goal is to help you achieve successful employment.

Again, we are glad you have come to VR for assistance in achieving your employment goal. Feel free to contact me with any questions about the enclosed information. Also, please contact me to make an appointment for our next meeting.

Sincerely,

VR Counselor Name
Office Address
Telephone Number

Attachments

Instructions and Definitions of Services

In developing your Individualized Plan for Employment (IPE) you will need to become familiar with the terms used on the form and what each term means. Below are definitions and instructions related to the items in the IPE that may assist you in completing your IPE Worksheet. Feel free to ask your VR Counselor about anything you do not understand regarding your IPE and its development.

1. **Name** - Enter your name
2. **Social Security Number** - Enter your Social Security Number
3. **Employment Goal** – Indicate what kind of job you want
4. **Date I expect to reach this goal:** How long do you think it may take to accomplish this goal?
5. **Amendment Number** – To be completed by your VR Counselor
6. **Services I need to become employed** – Identify the services you believe will help you become successfully employed
7. **Vendor** – Indicate the name of the doctor, psychologist, school, or other provider of service you prefer. Your VR Counselor can provide you a list of qualified VR vendors that you may choose from.
8. **Comparable Services and Benefits** – Identify other sources that will pay for services as listed on the IPE. DVR is required by federal law to seek out other sources of payment, with few exceptions, before paying for services. This enables DVR to serve more people. Indicate who will sponsor or pay for this service for you. Your VR Counselor will provide information about comparable services and benefits available to you.
9. **Beginning Date** – Indicate the dates each service should begin
10. **My Responsibilities in this Plan** – List activities that you need to do to successfully complete your IPE.
For example:
 - Keep appointments with service providers in your plan so you can make progress with health stabilization, counseling and guidance, job placement, etc.
 - Maintain a minimum grade point average of “C” if education is necessary
 - Follow through with securing other sources of payment when available
 - Notifying your VR Counselor of address/phone changes
 - Following through with your assignments or instructions designed to help you achieve your employment outcome
 - Actively demonstrate a commitment to abstinence (if you have been diagnosed with chemical dependency)
11. **VR Responsibilities in this Plan:** - List what your VR Counselor can do to assist you in becoming employed. For example:
 - Provide counseling and guidance
 - Information regarding comparable services
 - Information regarding VR vendors who provide needed services

- Provide or refer for help with job search skills
- Resume writing skills and interviewing skills
- Make referrals for medical follow-ups

12. Others' Responsibilities in this Plan: - List what others can do to assist you in becoming employed.

For example:

- PELL Grant – tuition, books and supplies
- Community clinics – medical and/or psychological services
- Medicaid/Medicare – medical and/or psychological services
- Family member – child care
- Lion's Club – one free eye exam and a pair of glasses

13. Evaluation of Progress – This section helps us evaluate your progress toward your goal. The following are examples of measures we will use to determine whether or not you are making satisfactory progress toward your employment goal:

- You are making progress with physical and/or mental health stabilization
- You are making progress in counseling and guidance
- You are making progress in job placement activities
- You are receiving quality service from providers as listed on your IPE and you are benefiting from those services in terms of progress toward an employment goal

Definitions of Services You May Require to Become Employed

1. **Diagnostics and Evaluation** – You may participate in medical tests, vocational evaluation, intellectual evaluation, psychological evaluation, an evaluation of your rehabilitation technology needs, work site evaluation or other types of evaluation. These determine your disability and how the disability interferes with your employment or which services you will require to become employed.
2. **Counseling and Guidance** - Your Counselor is available to offer support and assistance in making informed choices regarding services, service providers or other important issues that develop during your rehabilitation. You may want to talk to your VR Counselor about your decisions and ask for help in making them. Also, you may need assistance in learning more about issues or problems you may have with regard to work and acceptable work behaviors. These issues may be resolved through guidance and counseling with your Counselor.
3. **Referral Services** – To secure services you need from other agencies.
4. **Job-Related Services** – These include job search and placement assistance such as interviewing skills and resume writing, job keeping skills, and job search assistance.
5. **Training** – To learn new work skills required to satisfactorily perform a job. Training includes personal and vocational adjustment services, vocational training, on the job training, tuition, books, tools and other training materials.
6. **Physical or Mental Restoration** - Medical and mental health services may be provided if they are not available through other sources to correct or improve a condition that limits your ability to work. These services are also expected to help reduce your impediments within a reasonable length of time. These services may include surgery, therapeutic treatment or therapy, hospitalization, prosthetic and orthotic devices, eyeglasses and visual services, diagnosis and treatment of mental disorders, and transplantation and dialysis for individuals with end-stage renal disorder.
7. **Maintenance** – Maintenance support such as housing, clothing or food that is beyond your normal living expenses and required for your participation in assessment services or other services as listed in the IPE.
8. **Transportation** - These services include available transportation to and from providers of services. These services may include training on how to use public transportation or the utilization of public transportation systems. When public transportation is not available or the use of public transportation causes an undue hardship, payment for gasoline or other services for a privately owned vehicle may be provided.
9. **Personal Assistance Services** – a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. These services may be provided when an individual requires these services to complete an IPE and achieve an employment outcome.
10. **Interpreter Services** – These include qualified interpreters for individuals who are deaf or hard of hearing and foreign language interpreters for those who do not speak or write English. These are provided when

needed to facilitate communication between individuals and VR staff, providers, and others involved in your plan to become employed.

11. **Occupational Expenses** - These include occupational licenses, tools, equipment, initial stock and supplies necessary for employment.
12. **Technical Assistance** - Technical assistance includes job market analysis and developing business plans for individuals for whom it has been determined that self-employment or telecommuting is the employment outcome.
13. **Rehabilitation Technology** – Rehabilitation technology includes telecommunication devices, sensory and other technological aids and devices, vehicle modifications, home modifications and work site modifications for accessibility, and wheelchairs.
14. **Supported Employment Services** – These are assistance services needed by some individuals to retain their employment, including job coaching and personal assistance.
15. **Family Member Services** - Services may be provided to family members if found to be necessary for an individual to be able to achieve an employment outcome, including daycare, family therapy, and training in the use of medical equipment.

**FLORIDA DEPARTMENT OF EDUCATION
 DIVISION OF VOCATIONAL REHABILITATION
 INDIVIDUALIZED PLAN FOR EMPLOYMENT WORKSHEET**

1. Name: _____ 2. Social Security Number: _____

3. Employment Goal: _____

4. Date I expect to reach this Goal: _____

5. Amendment Number (To be completed by the Counselor): _____

6. Services I need to become employed:	7. Vendor:	8. Comparable Services & Benefits:	9. Beginning Date:
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10. My Responsibilities in this Plan (List all activities that you need to do to successfully complete your IPE.):

11. VR Responsibilities in this Plan (List what your counselor can do to assist you in becoming employed.):

12. Others' Responsibilities in this Plan (List what others can do to assist you in becoming employed.):

13. Evaluation of Progress:

NOTE: Contents of this document are not official until a final document (IPE) is printed and signed and dated by you and your VR Counselor.

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2019 Federal fiscal year, the total amount of grant funds awarded were \$161,156,579. The remaining 21.3 percent of the costs (\$43,616,711) were funded by Florida State Appropriations.