

INDIVIDUALIZED PLAN FOR EMPLOYMENT
Cabinet for Workforce Development-Department of Vocational Rehabilitation
AMENDMENT

Based upon mutual agreement, this will serve as an amendment to my Individualized Plan for Employment (IPE). I understand that all other elements of my original IPE are still in effect.

NAME: _____ **SSN:** _____

CHANGES IN: (check appropriate box and list changes)

- ☐ **Desired employment outcome:** _____
- ☐ **Service**
- ☐ **Service provider**

SERVICE:	PROVIDER:	BEGINNING DATE: (Mo./Yr.)

☐ **Changes in comparable benefits:** _____

I WILL COMPLETE MY WORK PLAN AND EXPECT TO BE WORKING BY: _____
(Mo./Yr.)

I understand that Department of Vocational Rehabilitation services depend on the availability of State and Federal Funds and/or openings at facilities/schools. If I have questions or concerns that cannot be addressed by my Rehabilitation Specialist, I will consult the Consumer Guide to find information on my rights, responsibilities, and the Client Assistance Program. I was given a copy of my Individualized Plan for Employment and am aware that my work plan will be reviewed annually.

Consumer Signature

Date

Parent or Guardian Signature

Date

Vocational Rehabilitation Counselor Signature

Date