

# TVR IPE

Tribal Vocational Rehabilitation  
Individualized Plan for Employment

Client Name		Birthdate		Tribe	
Location/City		TVR Staff		Date of Plan	
IPE Number				Expected End Date of Plan	
<b>Client's Employment Goal (Outcome)</b>					
<b>Comprehensive Assessment "Great 8":</b> Personal strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice that support the employment goal (outcome).					

<b>Are Personal Assistance Services needed at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are Assistive Technology Services needed at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are extended services needed at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are Supported Employment Services needed at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are Post-Employment Services needed at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TVR Services	Service Provider	Begin Date	End Date	Cost	Who pays for it?	Client Responsibilities	Provider Responsibilities

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Criteria for measuring progress towards employment goal (outcome):

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Dates for review of this plan: \_\_\_\_\_

Initial	Client Statements
	I have developed my individualized plan for employment or fully participated in its development.
	I have selected the specific employment goal and services, service providers, setting and methods for arranging services.
	My employment goal reflects my strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice to result in employment in an integrated setting.
	My TVR counselor has reviewed my rights and responsibilities with me.
	I understand that my plan will be reviewed and evaluated periodically, at least annually, as defined in the plan.
	If changes need to be made to my plan, my TVR counselor and I will discuss the changes and I will sign an amendment.
	I understand that if I do not make a reasonable effort to carry out my individualized plan for employment this may result in closure of my case and loss of further VR services.
	I agree to work with my TVR counselor to look for and utilize any comparable benefits available to me.
	By signing this plan, I intend to go to work and will accept any reasonable job offer that aligns with my vocational goal.
	I have a right to appeal any action taken by the TVR Program with which I disagree. I understand I must make any dissatisfaction known to the TVR Program within 30 days of the action in question. I have been informed of the appeals process and the availability of the Client Assistance Program (CAP) 888-888-8888.
	I have received a copy of this IPE.

I am a Social Security Disability (SSDI) recipient and my TVR counselor has explained the Social Security Ticket to Work program to me so I am able to participate if appropriate.      \_\_\_ Yes      \_\_\_ No      \_\_\_ N/A

\_\_\_\_\_  
Client/Parent/Guardian/Authorized Representative  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TVR Consumer Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
TVR Director Signature

\_\_\_\_\_  
Date