



State of Illinois  
 Department of Human Services - Division of Rehabilitation Services  
**INDIVIDUALIZED PLAN FOR EMPLOYMENT**

Customer Name:  
 Rehabilitation Counselor/Instructor: STACY RIGGS

Case Number:  
 Date Completed: \_\_\_\_\_

**Plan**

Amendment Number:	<u>1</u>	Review Date:	
No cost services only?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Post employment anticipated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Post employment plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Amendment**

Annual Review?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Change in Goal?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Change in Service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**GOAL**

Goal Completion Date:	
Customer is job ready?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Chosen:	

I understand that I am eligible to receive services through the Division of Rehabilitation Services (DRS) Vocational Rehabilitation program as I am an individual with a disability and need services to get, keep, advance in, or re-enter a job. The Job Chosen above is my job goal and I expect to achieve my employment outcome by the Goal Completion Date above.

I understand I may appeal any decisions or changes to my plan I do not agree with. I have been given my appeal rights and understand them. I understand I may call Client Assistance Program - CAP for assistance at 1-(800) 641-3929 (V/TTY) to get help.

Based on my informed choice, my counselor and I have discussed the services and approved service providers necessary to reach my job goal and how to get those services. My counselor and I have selected the services and approved service providers listed below.

**SERVICES**

Service:	Counseling & Guidance - Vocational services will assist with career exploration, decision making based on informed choice, overcoming challenges, problem-solving, identifying changes needed to get and keep a job. If applicable, customer will learn and practice self-advocacy skills and explore the benefits of disclosure.
Provider:	BLACKHAWK AREA SPECIAL EDUCATION DISTRICT
Start Date:	
End Date:	
Progress:	There will be increased self-reports and observation of improved abilities in solving problems, coping with stressors of looking for and beginning employment, and meeting workplace challenges. The customer's progress and needs will be monitored through regular contact and documentation.

Service:	Information & Referral - Services to identify and access community resources that support, directly and/or indirectly, employability.
Provider:	BLACKHAWK AREA SPECIAL EDUCATION DISTRICT
Start Date:	
End Date:	
Progress:	Case notes will document discussions of community resources. Customer will verbalize any needs that are unmet.



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Service:	Training - STEP and Educational Programming will assist in gaining overall knowledge of employment issues. Employment experiences will be completed as scheduled in preparation for the transition into adulthood and high school diploma achieved.
Provider:	BLACKHAWK AREA SPECIAL EDUCATION DISTRICT
Start Date:	
End Date:	
Progress:	Will maintain good school and work attendance and make academic progress toward high school graduation.

Service:	Job Placement - Placement assistance and follow up services will assist in identifying, obtaining, and maintaining employment that matches primary employment factors. It can also provide information regarding job leads and educational opportunities.
Provider:	BLACKHAWK AREA SPECIAL EDUCATION DISTRICT
Start Date:	
End Date:	
Progress:	Customer will participate in all job placement activities, consider suggestions, and voice needs, desires, and problems as the process continues. Once a job is secured, customer will maintain position with both customer and employer satisfied with work performance. Progress to be monitored through regular meetings between customer and provider.

**Responsibilities**

Customer's personal and financial responsibilities in achieving the job objective are:

1. Customer will graduate from high school as scheduled to obtain a high school diploma.
2. Customer will keep regular contact with provider so as to be available and informed of all recommendations, gather information and report progress toward the employment outcomes.
3. Customer will actively engage in search for employment that matches primary employment factors, start a new job, and complete all job responsibilities as the employer wishes. Customer would benefit from working through work concerns immediately with the provider in order to maintain successful employment.
4. Services listed on this plan are no cost services and the STEP program is exempt from financial analysis.

Comments:

I understand my Plan will be reviewed on

At this time I do  do not  expect to need Post Employment Services, but will have my need reviewed before my case is closed.

Ticket to Work:

If you have been determined disabled by the Social Security Administration and qualify for the Ticket to Work Program, you agree to assign the DHS/Division of Rehabilitation Services your Ticket to Work by signing this Document.

**X** \_\_\_\_\_  
 Customer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Rehabilitation Counselor/Instructor:

\_\_\_\_\_  
 Date