

Kentucky Office of Vocational Rehabilitation

Individualized Plan for Employment (IPE) Amendment

Instructions

The purpose of this form is to provide instructions for the IPE amendment. The IPE amendment is to be utilized when there have been substantive changes to the goal, services, or providers.

Definition:

Incidental Expenditures: expenditures that do not require a signature on the amendment

Name

Enter the first and last name of the consumer.

Case Number

Enter the six-digit case number of the consumer.

I want to change my work plan from

Enter the employment goal from the original IPE including SOC code.

I want to change my work plan to Enter the new employment goal and include the SOC code.

I intend to complete my work plan and intend to be working by Enter a two-digit month, two-digit day, and four-digit year for the completion of the plan.

Supported Employment

Supported Employment Status

Select the appropriate supported employment status

Extended (i.e., Long-term support) services needed

Enter the extended services needed

Extended Services provided by

Enter who will provide the extended services

Services

Please use these directions for filling in the information for each service. You have the space for up to 7 services.

Add, Change, or Remove a Service

Select whether you are adding a service, changing a service in some way, or just removing or ending a service.

Service

Select the service that the agency will provide.

Begin Date

Enter the date that the service will begin using MM/DD/YYYY format

Description/Service Specifics

Enter any specific information and details for the service.

Vendor/Service Provider Name

Enter the vendor or service provider who will provide the service to the consumer.

Funding Source(s)

Enter the source or sources of the funding for the service. This could be a vendor or the agency.

Comments

Enter any comments about any of the services that were not mentioned under the service specific information under each service section.

Comparable Benefits available to me that I will use throughout my rehabilitation program:

These can be considered the comparable benefits that a consumer might utilize throughout their program. There are up to 5 options that can be added.

- Service** Select the service that has been provided.
- Service Provider** Enter the provider providing the service.
- Description of Service Provided** Enter more information on the service that was provided

My Responsibilities

Share the responsibilities of the consumer with the consumer and ask if they understand them.

Office of Vocational Rehabilitation Responsibilities

Share the responsibilities of the agency with the consumer and ask if they understand them.

- Consumer status can be shared with other workforce partners to confirm the consumer’s eligibility for WOTC.** Check if the consumer agrees that their information can be shared with other workforce partners to confirm the consumer’s eligibility for WOTC.

Voter Registration

- Address Change** Select yes or no if they consumer has had an address change recently

If yes, select the appropriate option.

Select if the consumer has already registered to vote, competed the paperwork to register, or declined to fill out the paperwork to register to vote.

Training

Training Credentials

Enter any training credentials the consumer has achieved up to the time of the plan.

Other Diploma, Certificate, or Credential

Enter any other training credential that has been achieved.

Date Achieved

Enter the date that the credential was achieved with a two-digit month and a four-digit year.

Signatures

Please have the appropriate staff sign and date the form. Utilize the form in DocuSign if it is to be completed electronically. If the form is completed in person, please make sure the form is uploaded into CMS once it is signed.