



**INDIVIDUALIZED PLAN FOR
 EMPLOYMENT CLOSURE
 AMENDMENT**

Individual: _____

Closure Status: 26 28 30 32

Your rehabilitation case is being closed effective _____ due to the following reasons:

If Closure is Status 26, complete the following:

Date employment began: _____ Salary/Wages: _____

Date stabilized on the job and no longer receiving substantial services: _____

Job Title: _____

Medical Insurance Coverage receiving: _____

Employer Name: _____

Employer Address: _____

As discussed with you, post-employment services will be needed. Yes No

I have been provided a copy of this Closure Amendment in my most understood mode of communication which is _____

I understand that I have the right to pursue a more satisfactory decision when I am not in agreement with actions taken by my Vocational Rehabilitation (VR) Counselor in my rehabilitation case. My options for resolving concerns include talking with my Vocational Rehabilitation Counselor's Supervisor, requesting an appeals hearing, requesting formal mediation, and requesting assistance from the Client Assistance Program (CAP). The Client Assistance Program can be reached at 1-800-215-7227. My appeal rights and information about the Client Assistance Program are covered in detail in my Vocational Rehabilitation Handbook.

VR Counselor Signature	Date	<div style="border: 2px solid black; width: 100%; height: 40px; margin: 0 auto;"></div>	Date
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Approval, if required	Date	Parent/Guardian, if required	Date
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