



# INDIVIDUALIZED PLAN FOR EMPLOYMENT CLOSURE AMENDMENT INSTRUCTIONS

## PURPOSE

To document the completion of Individual Plan for Employment (IPE) services, either successfully or unsuccessfully. This provides documentation for the case record and to the individual, and provides information to the individual about his/her due process rights and the availability of Client Assistance Program (CAP) if the individual disagrees with the closure.

When an individual achieves employment in the area of his/her vocational goal and has maintained employment for at least ninety (90) days without requiring any substantial Division of Services for the Blind (DSB) Vocational Rehabilitation (VR) services (26 closure status), the IPE Closure Amendment is completed indicating the Counselor and the individual are in agreement about the closure.

If for any reason the individual is unable to achieve his/her vocational goal despite provision of IPE services (28 closure status), the IPE Closure Amendment is completed documenting the reason for closure.

If the individual and the counselor prepare an IPE, but services are never initiated (30 closure status), the IPE closure is completed to document the reason.

If the individual receives post-employment services (32 closure status) the closure amendment is used to document that post-employment services are completed.

## PREPARED BY

Vocational Rehabilitation Counselor

## INSTRUCTIONS

**Individual:** Enter the individual's name (first name, middle initial and last name)

**Closure Status:** Place an X in the appropriate block to indicate the status of the Individual's case when originally closed.

**Your rehabilitation case is being closed effective:** Enter the two-digit month, two-digit day and four-digit year the Individual's case is closed.

**Due to the following reasons:** Enter in detail all reasons the case is being closed.

**Date employment began:** Enter the two-digit month, two-digit day and four-digit year the Individual's employment began.

**Date stabilized on the job and no longer receiving substantial services:** Enter the two-digit month two-digit day and four-digit year the Individual's employment became stable and the individual is no longer in need of substantial services.

**Salary/Wages:** Enter the dollar amount of Salary/Wages the individual is receiving at each pay period. (weekly, bimonthly, monthly etc.)

**Job Title:** Enter the official job title and working job title if different.



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**Medical Insurance Coverage receiving:** Enter all medical insurance coverage (Medicaid, Medicare, public Insurance from other sources, private Insurance through own employment, and private insurance through other means).

**Employer Name:** Enter the complete name of the business or company the individual is employed.

**Employer Address:** Enter the business or company's most current street address, city and five digit zip code.

**As discussed with you, post employment services:** Place an X in the appropriate block if the individual will or will not need post employment services.

**I have been provided a copy of this Closure Amendment in my most understood mode of communication which is \_\_\_\_\_:** Enter the individual's most understood mode of communication (Braille, Large Print, CR, Tape or Electronic).

VR Counselor signs and dates the form

Individual signs and dates the form

DSB Supervisor signs and dates the form if required

Parent/Guardian signs and dates the form if required

### DISTRIBUTION

Original: Case Record

Copies: Individual

Individual Representative if required