

Iowa Vocational Rehabilitation Services Employed/Closure Form

Name: _____ **Purpose:** Amendment for Employment Closure

Reason for Amendment: _____ **Goal Date:** _____ **Comprehensive Annual Review Date:** _____

SERVICES NEEDED:	To begin – To end	ARRANGED BY:	DELIVERED BY:	FUNDED BY:
<input type="checkbox"/> _____	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> _____	___/___--___/___	<input type="checkbox"/> IVRS <input type="checkbox"/> JC <input type="checkbox"/> Other _____	_____	_____

REVIEW METHODS:
 Progress Reports Other _____

TERMS AND CONDITIONS: *Participation will be determined by an assessment of your financial needs and resources.*
 Financial planning for non-fee schedule supported services results in my _____% participation. SSI/SSDI recipient Medicaid Waiver

EMPLOYMENT INFORMATION:
Employment Status:
 Competitive Integrated Employment Self-Employment Supported Employment

SOC Code for Primary Occupation: _____ - _____ Job Title: _____
 Employer Name: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____
 Hours Per Week: _____ Wage: _____ Per: Hourly Weekly Bi-Weekly Twice a Month Monthly Annually
 Date Employment Began: _____

CLOSURE INFORMATION:
Reason for Closure:
 Achieved Employment Outcome (St. 26-0) Previous Employment Maintained (St. 33-1)

POST-EMPLOYMENT SERVICES:
 Not Anticipated, contact us if needed. Planned for _____

SUCCESSFUL CLOSURE CRITERIA:
 Services provided under your employment plan contributed to your employment outcome. Your employment is satisfactory and you are performing satisfactorily.
 Your employment is consistent with your abilities and capabilities, and is your choice. Employment pays at least minimum or commensurate wage.
 Setting is a competitive integrated employment setting.

SUPPORTED EMPLOYMENT:
 Extended service provider is: _____ Funding source is: _____
 Natural Support Plan provided.

PUBLIC SUPPORTS AND HEALTH INSURANCE BENEFITS:

Monthly Supports:	Amount
SSDI	
SSI	
TANF	
General Assistance	
Veteran's Disability	
Worker's Compensation	
Unemployment Insurance	
Other Public Support Specify:	

Health Insurance:	Check all that apply
Current Job	
Medicaid	
Medicare	
Private Health Ins. Company Specify:	
Public Insurance from Other Sources	
State/Federal Affordable Care Act	
Future Eligibility Through My Employer	
No Health Insurance	

Primary Source of Support:
 Personal Income (employment earnings, interest, dividends, rent, retirement including social security)
 Family/Friends Public Support (SSI, SSDI, TANF, etc) All Other Sources

TICKET TO WORK:
 I provide permission for IVRS to use my social security number and name for ticket reimbursement purposes.
 (See explanation on back.) _____ Yes _____ No _____
 Applicant's initials _____ Guardian's initials (if applicable) _____

EMPLOYMENT NETWORK:
 The Employment Network I choose to work with at closure is: _____

PLEASE SEE THE BACK FOR APPEAL AND MEDIATION INFORMATION AND FOR INSTRUCTIONS TO CONTACT CAP.

JOB CANDIDATE COMMENTS: _____

IVRS STAFF COMMENTS: _____

_____ Counselor Signature	_____ Date	_____ Job Candidate (JC) Signature	_____ Date
_____ IVRS Representative Signature	_____ Date	_____ Guardian Signature (if applicable)	_____ Date
_____ IVRS Supervisor Signature (if applicable)	_____ Date		

**IOWA VOCATIONAL REHABILITATION SERVICES (IVRS)
RIGHTS AND RESPONSIBILITIES**

YOUR EMPLOYMENT PLAN is a summary of the services and activities you and your counselor have agreed are needed to reach your employment goal. It lists what will be done, by whom, and when; and how you can tell if you are making progress. It is not an official authorization for payment of costs. Certain services require an assessment of your ability to participate in their cost. You and your counselor may change your plan by jointly revising it, at any time. Your plan may also be changed if IVRS finds that money is limited or restricted. It may also change if programs or program accreditation changes. These changes will be discussed with you as they arise. You and your counselor will review your plan together at least once a year, or more often, if needed.

Following is a summary of your rights and responsibilities as they apply to the Employment Plan you and your counselor have written. Your Employment Plan is not a contract.

AGENCY RESPONSIBILITIES are shown as a part of your Employment Plan. In addition, your counselor will:

- Arrange timely appointments at a convenient location;
- Maintain regular contact with you;
- Listen to your ideas and needs to help you develop an employment plan at which you will be successful;
- Identify other sources of financial support to help you with your resource needs;
- Provide information to you on what IVRS pays for the services identified so you will know how much your obligation is;
- Discuss your progress, accommodation needs, and provide suggestions to keep your plan moving forward;
- Inform you if a different counselor is assigned to you;
- Help you to receive the services you need in the proper order and without undue delay, and maintain confidentiality;
- Help you to plan how costs of services will be paid and provide assistance in arranging for services;
- Authorize and pay those costs that you and your counselor agree will be paid by IVRS;
- Regularly review your progress with you;
- Work with you to make necessary revisions in your program;
- Contact businesses on your behalf to arrange interviews and job opportunities so you can become employed; and
- Provide information from advocacy organizations for assistance in planning.

YOUR RESPONSIBILITIES need to be carried out if your plan is to be a success. You also need to do the following:

- Keep scheduled appointments or contact IVRS if you are unable to keep an appointment;
- Keep your counselor advised of any change in your address, phone number, or how you can be reached;
- Follow medical or other treatment plans to maintain your disability;
- Tell your counselor of any major changes in your health or ability to carry out this employment plan;
- Tell your counselor of any changes in your income that could impact your employment plan;
- Tell your counselor of your service needs so they can be planned for, or arranged through other organizations, if those needs impact your successful completion of your employment plan;
- Obtain advanced approval from your counselor prior to starting any service if you desire IVRS funding;
- Apply for and use money from any available sources;
- Work with your counselor to review your program annually and to make necessary revisions in your program;
- Make satisfactory progress and discuss any difficulties in achieving the goal to identify alternative strategies for success;
- Provide registration, grades and financial information each semester for post-secondary training;
- Register at the Workforce Development Center and actively follow up on job leads;
- Actively look for a job, with assistance as needed;
- Discuss with your counselor the businesses and employers you want your counselor to contact on your behalf and write them on the plan for follow up; and
- Inform your counselor when you become employed (name of business, your job, your start date of employment, your wages, and your hours to work).

THE DECISION to close your case can be made by you or your counselor. If the counselor makes that decision, it will be discussed with you before the file is closed, if you are available. You will be informed in writing.

You have the right to have all your information kept confidential. A release of information is not required for IVRS to obtain information needed to comply with the performance accountability requirements of section 116 of WIOA or to share information with state/federal partners who share common standards of confidentiality.

You have the right to appeal or request mediation to your counselor any time you have problems with a decision or service up to and including case closure. If you are still not satisfied, you may choose to discuss the matter with your counselor's supervisor, where disagreements are often quickly resolved, or you may go directly to mediation or a hearing before an impartial hearing officer. If you choose to discuss the situation with the supervisor and are still not satisfied, you may ask for mediation or a hearing after that. Your request to appeal the decision or request for mediation must be filed within 90 days of the decision. A request for hearing is made to the Administrator of IVRS, 510 East 12th Street, Des Moines, Iowa 50319.

The Client Assistance Program (CAP) is available to help you in your relationship with IVRS. Write to CAP, Iowa Department of Human Rights, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319; or call (toll free) 1-800-652-4298 (Voice/TTY), or in the Des Moines area, 242-5655 (Voice/TTY).

IVRS services are provided in compliance with all applicable state and federal civil rights laws. You must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If you believe you have been discriminated against based on one of these reasons, you may contact the IVRS Staff Attorney, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa, 50319, (515) 281-4146 (voice), (515) 281-4211 (TTY), or toll-free (800) 532-1486.

TICKET HOLDERS:

By indicating yes and initialing the Ticker Holder section on the front of this form, the Social Security Administration can put your ticket "in use" with IVRS. Having your ticket "in use" and working towards your employment goal may provide you protection from a continuing disability review. When you are successfully employed, IVRS may receive cost reimbursement funds to provide more services to individuals with disabilities. IVRS may use your social security number to put your ticket "in use" and access your wage and benefits records to submit for cost reimbursement of IVRS services from the Social Security Administration.