



**the
Chickasaw Nation
Division of Education
Vocational Rehabilitation Program**

**Bill Anoatubby
Governor**

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INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

ORIGINAL AMENDMENT

Consumer name:		Case number:	
County:		Counselor:	
Employment goal:		Date of IPE/Amendment:	

Goals and Objectives (* indicates new or amended goal, objective, or target date.)

Goal # 1:		Target Date:	
Objective A:		Target Date:	
Objective B:		Target Date:	
Objective C:		Target Date:	
Goal # 2:		Target Date:	
Objective A:		Target Date:	
Objective B:		Target Date:	
Objective C:		Target Date:	
Goal # 3:		Target Date:	
Objective A:		Target Date:	
Objective B:		Target Date:	
Objective C:		Target Date:	

Evaluation Criteria Procedure:

All consumers will participate in an annual update in order to maintain a consistency in his/her Vocational Rehabilitation Program. Evaluations will provide both consumer and counselor information on case status and progression. Moreover, the review will provide an avenue for conflict resolution, perpetual assistance, and case updates. Please refer to and discuss the date below at the signing of this IPE.

Annual Review Month: _____

(Page 3 IPE)

Consumer name:		Case number:	
County:		Counselor:	

I was involved in the development of my IPE: YES NO

COMMENTS:

I have read, understand, agree to, and signed the application for services prior to the completion of this IPE, and therefore understand my rights, remedies, and obligations to my program. I understand that if I disagree with my VR counselor regarding any decision related to my program I have the right to have my case heard within thirty days of a written notification to the CNVR program director, should my concerns not be settled or arbitrated to my satisfaction by the CNVR program director, I may request a fair hearing by a designated impartial hearing officer.

I have received a Client Assistance Program brochure and understand that either I or my representative may contact CAP at 1-800-522-8224, if I wish to have outside assistance represent me regarding a dispute with CNVR.

I have participated in the development of this plan (IPE) and agree to the contents including time frames, services, goals and objectives, and obligations of myself and my counselor. *I understand that this is a Federally funded grant in which all program services are provided based upon availability of funds. I realize that all other available and comparable programs and benefits must be utilized prior to receiving services from CNVR.*

I understand that no changes, modifications or alterations can or will be made to my plan without my participation, consent and signature.

Consumer's signature: _____ Date: _____

Counselor's signature: _____ Date: _____

Copy given to consumer