# Department of Workforce Development Division of Vocational Rehabilitation

# INDIVIDUALIZED PLAN for EMPLOYMENT (IPE)

# Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m) Wisconsin Statutes].

| Consumer Name | IRIS Case Number | Print Date |
| --- | --- | --- |
| Case Facilitator |

**CHECK ONE:** [ ]  IPE [ ]  IPE AMENDMENT

**MY LONG-TERM EMPLOYMENT GOAL IS:**

**THE DATE THAT I WILL REACH MY GOAL:**

| **PRIMARY****SERVICES**  | **START**DATE | END**DATE** | **PROVIDERS** | WHO**PAYS** | **PAYMENT****METHODS** |
| --- | --- | --- | --- | --- | --- |
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| **SECONDARY****SERVICES**  | **START**DATE | END**DATE** | **PROVIDERS** | WHO**PAYS** | **PAYMENT****METHODS** |
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**PROGRESS MEASURES:**

**I WILL BE RESPONSIBLE FOR:**

**DVR WILL BE RESPONSIBLE FOR:**

(Initial by each if you agree. Please contact your Case Facilitator if you have questions or disagree.)

**I have been offered the choice to develop my own plan:** **[ ]  Yes** **[ ]  No**

**I have been offered assistance in creating my employment plan: [ ]  Yes [ ]  No**

**I have been given choices to assist me in creating my employment plan: [ ]  Yes [ ]  No**

**I have received a copy of my individual rights: [ ]  Yes [ ]  No**

**I have received a copy of the Consumer Fiscal Responsibilities Agreement: [ ]  Yes [ ]  No**

|  |  |
| --- | --- |
| Consumer Signature (or Signature of Guardian if under 18 or court appointed) | Date Signed |
| Counselor Signature | Date Signed |

DVR-12726-E (R. 04/2022)