

## 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

SECONDARY SERVICES	START DATE	END DATE	PROVIDERS	WHO PAYS	PAYMENT METHODS

**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 (R. 04/2022)