

# Oregon Department of Human Services

Office of Vocational Rehabilitation Services

## Individualized Plan for Employment

Participant:

SSN:

Caselead:

### 1. General Information

Plan Number: 2  
 Signature/Start Date: 03/30/2005  
 Expected Plan End Date: 03/2006  
 Supported Employment: No  
 Small Business Enterprise: No  
 Employment Goal: All Other Sales And Related Workers

#### Reason for Selecting Employment Goal

A good choice given my abilities and disability.  
 I am currently doing this type of work.  
 It matches my interests, abilities and strengths.

#### Discuss Transferable Skills, Client Characteristics and Other Factors That Were Used to Determine the Employment Goal

\_\_\_\_\_ has been learning to operate her own business of selling products with her original logo on them. She enjoys attending conferences and selling. She also enjoys getting to talk to the public and to customers about the social injustices toward oppressed people. She has learned about how to manage her business by using resources and assistants. She has been developing skills to use the computer and to manage her website that has her products displayed. She is learning about marketing and about expanding her business and about scheduling events she wants to attend. She has been able to sell some of her products locally to stores and community groups. She hopes to have new logos and new products that will ensure profit for her business.

#### Discuss Labor Market Information

\_\_\_\_\_ has completed a market analysis and has described the potential market for her products in her business plan and in the PASS Plan proposal. \_\_\_\_\_

### 2. Planned Services

Description	Start Date	End Date/Event
1 Self employment Initiating activities to set in motion expanded business plan by using a PASS Plan. Selling products by attending conferences as a vendor and by supplying various local retail outlets.	03/30/2005	ongoing

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Caseload: \_\_\_\_\_

My Chosen Provider: self/PASS funds

Estimated Service Costs

Others/Comparable Benefit:	\$7,087.00
<b>Total Service:</b>	<b>\$7,087.00</b>

Source of Comparable Benefits

Other

Other Comments

See PASS plan and business plan for details

<u>Description</u>	<u>Start Date</u>	<u>End Date/Event</u>
2 Personal assistance services assistance with details of managing business activities. This service is expected to decrease with time for some tasks that [REDACTED] can develop skills to do independently. What will continue indefinitely is assistance with tasks that are difficult for [REDACTED] to do because of disability limitations. This may include office tasks and transportation.	03/30/2005	3/29/06

My Chosen Provider: unknown

Estimated Service Costs

Agency:	\$4,999.00
Source to be Determined:	\$761.00
<b>Total Service:</b>	<b>\$5,760.00</b>

Source of Comparable Benefits

Other

Other Comments

This total has been estimated for the PASS start up expenses planning. It is assumed that [REDACTED] will be able to find natural supports in the community and at events that will meet the need of a personal assistant.

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Caseload:

<u>Description</u>	<u>Start Date</u>	<u>End Date/Event</u>
3 <sup>6</sup> Job Coaching	03/30/2005	3/29/06

will use a job coach to assist with business expansion and improvements. The job coach will instruct the personal assistant in expectations of helping to run the business.

My Chosen Provider: unknown

Estimated Service Costs

Agency:	\$1,012.00
<b>Total Service:</b>	<b>\$1,012.00</b>

Source of Comparable Benefits

None

Other Comments

The projected amount is based on the estimates in the PASS business startup expenses projections. We do not anticipate the cost of this will be this much as much of the coaching has already been accomplished.

<u>Description</u>	<u>Start Date</u>	<u>End Date/Event</u>
4 Self employment	03/30/2005	3/29/06

business development services such as cost of attending conferences as a vendor and lodging if needed. Also cost of upgrading website and miscellaneous business expenses not covered by the PASS or by business profit.

My Chosen Provider: client direct payment

Estimated Service Costs

Agency:	\$1,575.00
<b>Total Service:</b>	<b>\$1,575.00</b>

Source of Comparable Benefits

None

Other Comments

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Caseload: 4

This total is likely estimated high as we will be looking for conference scholarships and other discount arrangements.

#### Total Costs

Participant:	\$0.00
Others/Comparable Benefit:	\$7,087.00
Agency:	\$7,586.00
<u>Source to be Determined:</u>	<u>\$761.00</u>
<b>Total:</b>	<b>\$15,434.00</b>

#### 3. Participant Responsibilities

- I understand that it is my responsibility to complete this plan and I will inform my counselor of changes or problems affecting my ability to do so.
- I will not quit my program or make any changes without contacting my counselor first.
- I will attend all scheduled meetings and appointments.
- I understand the importance of attendance and punctuality.
- I will report any address or telephone number change to my counselor immediately.
- I have a responsibility to return any equipment purchased for me by the agency if I no longer use it as planned.
- I will cooperate with my job coach to learn my job

#### 4. Plan Documentation

##### A. Criteria for evaluation progress towards my (participant) employment goal:

1. [REDACTED] will establish a work routine to operate her business. She will notify the VR counselor of any obstacles in the progress of the business plan.
2. [REDACTED] will hire and train a personal assistant to work with her on essential tasks of running the business. She will attempt to find an assistant that she can afford when she is able to pay for this from her own business budget.
3. [REDACTED] will continue to use a job coach to help in organizing and expanding the business as described in the business plan and the PASS.
4. [REDACTED] will identify expenses of the business that are especially for business development and expansion and notify VR counselor of the amounts and the timing to

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pay:

B. Other Comments:

### 5. Terms and Conditions

#### Post-Employment Services:

I have been informed of the availability of post-employment services. An assessment of my need for post-employment has been made. It is expected that I (will) (will not) need post-employment services.

#### Statement of Mutual Understanding:

- **Informed Choice/Participation:** I will be provided the opportunity to have informed choice and participate throughout the Vocational Rehabilitation process, including selecting a specific employment outcome, the development of my plan, vocational rehabilitation services, and the provider and methods by which these services will be delivered.
- **Accessibility:** I am entitled to have all information relating to the development and review of the Plan presented to me in my native language or appropriate mode of communication, if I so request. All rehabilitative services will be provided in the least restrictive and most integrated setting compatible with my interest and abilities.
- **Non-Discrimination:** Services in this Plan are provided without regard to sex, age, race, religion, color, disability or national origin.
- **Plan Review:** I am entitled to participate in Plan reviews and revisions. The Plan will be reviewed at least annually to assess the progress being made in meeting my employment outcome. Any substantial changes will be agreed to in advance.
- **Financial Participation and Comparable Benefits:** It is understood that I am to participate financially in the annual amount identified in this Plan. It is understood that comparable benefits available to me through other agencies and private resources will be utilized toward my rehabilitation.
- **Method of Service Procurement:** All services must be pre-approved and pre-authorized by my counselor. A written authorization for services must be made by the counselor before or at the same time as the purchase of services. Any service I receive without prior approval of my counselor will be my responsibility. Authorization and expenditures for services are made in accordance with all applicable state/federal laws, regulations, policies and procedures.

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**Other Services:** I am to cooperate in the utilization of services other than rehabilitative services that may supplement my Plan.

### Decision Review Process:

If I am dissatisfied with any action or decision on the delivery or denial of rehabilitation services, for which I am unable to resolve with my counselor, I understand I have the opportunity to request mediation and/or a fair hearing. I further understand that I must submit my written request for mediation and/or fair hearing within 60 days of a disputed action or decision, on a form furnished by VRD or its equivalent, that I may be represented at my expense, and that VRD will arrange for the mediation and/or fair hearing with an impartial hearings officer.

### Client Assistance Program:

I understand, when appropriate, services are available through the Client Assistance Program (CAP) to assist me in my dealings with VRD and other agencies. The CAP is a service provided under a federal grant, staffed and administered by a private, non-profit organization. If at any time I am dissatisfied with the services I am receiving under this Plan, or need clarification of matters relating to this Plan, the CAP will work with me and VRD to resolve the matter. The CAP telephone number is (Voice): (503) 243-2081 or 1-800-452-1694 (TTY): (503) 323-9161 or 1-800-556-5351.

CAP brochure provided:  Yes  No *If not, please give explanation:* \_\_\_\_\_

### Plan Certification

\_\_\_\_\_  
COUNSELOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
CLIENT'S REPRESENTATIVE

\* \* \* \* \*