



**SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL PLAN OF SUPPORTED EMPLOYMENT (IPSE)**

SECTION 1 – CUSTOMER IDENTIFICATION						
Name:						
Contact Information:	House Number	Street	City	State Zip	Phone	
Emergency Contact Information:	Name		Relationship		Phone Number	
Social Security #		Medicaid #		Waiver?	Yes	No
Date Referral Authorization Form Received From Service Coordination:				Month/Day/Year		

SECTION 2 – RESULTS OF INITIAL INTERVIEW – (Standard 800) (Interview to be administered within 15 days of receipt of Referral Authorization Form)	
Date of Initial Interview:	Interviewed by:
Experience:	
Strengths:	
Areas of Needed Support:	
Availability:	Transportation Needs:
Medical:	
Other:	
Comments and Recommendations:	

Customer Name: _____

SECTION 3 – CUSTOMER PROFILE – (Standard 801)

(To be completed after IPSE assessment and prior to employment within 20 business days of initial interview)

Name of Assessment
Used:

Assessment Date

My Employment Goal:

This goal is to help you achieve and maintain competitive employment consistent with your abilities, strengths, preferences and interests.

The following are objectives and activities that you have identified to meet your employment goal.

Objective 1:

<i>Date</i>	<i>Activity</i>	<i>Results/Outcome</i>

Objective 2:

<i>Date</i>	<i>Activity</i>	<i>Results/Outcome</i>

Objective 3:

<i>Date</i>	<i>Activity</i>	<i>Results/Outcome</i>

Objective 4:

<i>Date</i>	<i>Activity</i>	<i>Results/Outcome</i>

Section 4 – Terms and Conditions (802)

I. PARTNERSHIP

This Individual Plan of Supported Employment is an agreement between the customer and the service provider to fulfill the employment services that are defined in the goals and objectives of this plan. The provider will insure that the customer's abilities, interests and preferences have been taken into consideration in the development and implementation of these employment activities. This agreement is an understanding of partnership between the customer and the provider in an effort to enhance the employment opportunities of the customer.

II. SUPPORTED EMPLOYEE'S RIGHTS

The customer has the right to review, evaluate and revise this Individual Plan of Supported Employment while services are being provided if there is a change in goals, activities, preferences, abilities, employment opportunities or personal situations that may affect the accomplishment of the employment goal. The customer is responsible for fulfilling his/her obligation in carrying out this plan and keeping the provider informed of any changes that may affect the successful completion of this plan. The customer understands and agrees to the following entrance guidelines to access Supported Employment Services:

- The customer is able to participate independently in a competitive employment environment within the community
- The customer understands that competitive employment is a time limited service
- The maximum units of Supported Employment Services will not exceed a total of 300 units per customer
- The customer's ultimate employment goal is to achieve stabilization and independence within the workplace without support from paid staff
- The customer desires to achieve a life long career within the workforce

The customer has the right to discuss with the provider any issues regarding services. The procedure to reconcile differences in the facilitation of this plan has been explained to the customer and he/she has indicated that these procedures are understood.

I have been provided with and understand the information of the proposed services within this Individual Plan of Supported Employment. I have participated in the development of this plan and understand and agree to it.

_____	_____	_____
<i>Customer's signature</i>		<i>Date</i>
_____	_____	_____
<i>Parent or Guardian's signature</i>		<i>Date</i>
_____	_____	_____
<i>Service Provider</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Service Provider</i>	<i>Signature</i>	<i>Date</i>

***This agreement must be signed within twenty (20) business days of the initial interview.
All information in this document is confidential and may not be released without the written consent of the signing customer.***

Section 7 – Record of Employment (806) - (To be completed when placed in employment.)

Placement:		Company:				Job Title:			
Supervisor:			Supervisor Contact Information:						
Hire Date:	Full-time:		Part-time:		Wages: \$		Benefits	Yes	No
	Yes	No	Yes	No					
Schedule:									
The employment specialist certifies that the wages for this placement are in accordance with the Department of Labor/Wage and Hour Division regulations and the customer is receiving no less than the current minimum hourly wage.									
						Yes	No		
Employment Specialist Signature									
If No, Explain:									
The Employment Specialist has referred the customer to appropriate resources to determine how this placement will affect his/her benefits presently receiving. (Example: WorkWorld, SSA, Benefit Specialists, etc...)									
						Yes	No		
Employment Specialist Signature									
If No, Explain:									
<i>Job Description:</i>									
<i>Transportation needs:</i>									
Additional Placement Information:									

Section 8- Monitoring and Evaluation (804)

ACTIVITIES FOR THE MONTH OF	Month	Year

A - 45 DAY REFERRAL PROCESS			
Activities	Date	Hours	Job Coach
Initial Interview (See specifics at IPSE Section 2)			
Assessment (See specifics at IPSE Section 3)			
Customer Profile (See specifics at IPSE Section 3) Community based career awareness activities designed to identify career options and broaden the placement opportunities for the customer to make an informed decision as to their career choice.			

B - COMMUNITY BASED INSTRUCTION			
Activities (See specifics at IPSE Section 5)	Date	Hours	Job Coach
Career Awareness A community based program providing activities within the natural environment to provide the customer with employment opportunities within the community. CBI provides the customer with choices and options in which they are able to make an informed decision as to their career choice. CBI offers the customer the opportunity to participate in situational assessments in a natural setting.			
Skills Acquisition (if applicable) This component of community based instruction offers the opportunity for the customer to participate in skills acquisition activities which may include, but not limited to; pre-employment, self advocacy, self determination, socialization, behavior, interviewing, hygiene, proper dress, etc. These activities may be done in the community or as a classroom activity with in the facility			

Training Evaluations (See specifics located in the Strategic Training Plan)	Date	Hours	Job Coach
This section of the Strategic Training Plan is to evaluate the progress of the intervention activities used within the job site training process. The frequencies of the evaluations are at the discretion of the job coach.			
Employer Satisfaction Form (See specifics in the Employer Satisfaction Form located in the customer's file)	Date	Hours	Job Coach
This form will be used by the employment specialist to update and evaluate the customer's job performance from the perspective of the employer. This form is used at various intervals during the training process at the discretion of the job coach.			
Customer Satisfaction Form (See specifics in the Customer Satisfaction Form located in the customer's file)	Date	Hours	Job Coach
This form will be used by the employment specialist to update and evaluate the customer's job performance from the perspective of the customer. This form is used as a self evaluation for the customer and may be administered at the discretion of the job coach.			

E - FOLLOW ALONG (6-month Long Term Support Contact)			
Activity (See specifics at IPSE Section 9)	Date	Hours	Job Coach
Follow along activities consist of observation and evaluation of the customer at the job site to test for independence and stability on the job. Although this is a 6 months minimum contact, once a month, retraining may be necessary at any point and the follow along may exceed the 6 months minimum. When the follow along reaches one (1) year a determination of justification of service must be made.			

F - TERMINATION OF SUPPORTED EMPLOYMENT SERVICES			
Exit Interview <i>(See specifics at IPSE Section 10)</i>	Date	Hours	Job Coach
At such time that the customer is determined to be stable on the job through a consensus of all parties involved, an exit interview is conducted to determine the continued need for Supported Employment services.			

G - WAITING LIST CONTACT – (See specifics at IPSE Section 11)			
	Date	Hours	Job Coach
For those customers placed on a waiting list for Supported Employment services, contact will be made every 30 days to assess waiting list status and an evaluation of the waiting list status will be conducted every 90 days. At the completion of 1 year on the waiting list a determination will be made as to the continuation of Supported Employment services			

H - MONTHLY SUMMARY OF PROGRESS	
1. Briefly describe the overall satisfactory and/or the need for improvement of the customer's progress for this month.	
2. Check the appropriate box to Indicate where the customer is currently being served on the Supported Employment Process Chart:	
<input type="checkbox"/> Referral Process	<input type="checkbox"/> Community Based Instruction
<input type="checkbox"/> Placement and Training	<input type="checkbox"/> Follow Along
3. Briefly describe plans for next month.	

TOTAL NUMBER OF HOURS FOR THE MONTH OF:	Month	Year	Date	Hours	Job Coach

A copy of this documentation of progress (Section 8 - Monitoring and Evaluation) must be sent to Service Coordination quarterly as it is completed.

Section 9 - Long Term Supports - (808)

LONG TERM SUPPORT EMPLOYER/CUSTOMER CONTACT FORM

Monthly contact with the customer at the job site must be maintained for at least six (6) months after the customer has gained independence and is working on his own with natural supports. This section is to test for independence and stability on the job. Document each contact on this form by entering the date, hours and the information received from the contact.

CONTACT NOTES	Date	Hours	Job Coach

Six Month Review:	Date
Recommendation:	

Section 10: Termination of Supported Employment Service (809)

Document justification and rationale for determination of services resulting from the information gathered in the exit interview.

Exit interview notes:

Termination of Supported Employment Services Justification:

Determination of Continued Services Justification:

Customer's signature

Date

Parent or Guardian's signature (If applicable)

Date

Job Coach Signature

Date

Service Provider Signature

Date

(Photocopying of this page upon completion and sending to Service Coordination is sufficient notification of termination of services)

Section 11 – Waiting List Contact – (803) (If Applicable)

On the lines below indicate date of contact and provide comments on any necessary changes in the customer’s status. The supported employment provider must make contact with the customer on the waiting list at least every **thirty (30) days** to evaluate his/her status. The customer’s status as “waiting” must be reevaluated at least every **ninety (90) days** for determination of status. A reevaluation of the customer’s status is required at the completion of **one (1) year** on the waiting list to facilitate recommendation of services.

DATE	STAFF	PROGRESS NOTES
		Ninety (90) Day Evaluation <i>(Upon completion of this ninety (90) day evaluation , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination)</i>
		Ninety (90) Day Evaluation <i>(Upon completion of this ninety (90) day evaluation , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination)</i>
		Ninety (90) Day Evaluation <i>(Upon completion of this ninety (90) day evaluation) , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination)</i>
		One (1) Year Evaluation
		Recommendation:
		Justification of Recommendation:
		<i>Upon completion of this page at the end of one (1) year, recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination.</i>

Section 12: Amendments

AMENDMENTS

All amendments to the Individual Plans of Supported Employment (IPSE) must be documented in this section and reference made in the section being amended.

Amendments must have the following information for each change and placed at the beginning of the IPSE.

AMENDMENT 1	DATE:	SECTION #
EXPLANATION OF AMENDMENT:		
SIGNATURES:		
Consumer's Signature	Service Provider's Signature	Date

AMENDMENT 2	DATE:	SECTION #
EXPLANATION OF AMENDMENT:		
SIGNATURES:		
Consumer's Signature	Service Provider's Signature	Date

AMENDMENT 3	DATE:	SECTION #
EXPLANATION OF AMENDMENT:		
SIGNATURES:		
Consumer's Signature	Service Provider's Signature	Date

Attach additional pages as needed