

CLIENT NAME: ELLEN FOSHAG
CASE NUMBER: XXX-XX-5696-03
AMENDMENT: 01
CASELOAD: 2916
COMPLETED: 10/13/2016

OTHER INFORMATION:
TRANSITION:

TYPE OF PLAN:
STANDARD: X
SUPPORTED EMPLOYMENT:
EXTENDED EVALUATION:

SSI: N VERIFICATION:
SSDI: Y VERIFICATION: KMIS INTERFACE

MY EMPLOYMENT GOAL:
JOB TITLE: COUNSELOR SOC: 211019

FULL TIME:
PART TIME: X PART TIME HOURS: 15

TIMELINE FOR WHEN I WILL START WORKING: 04/19/2017

MY EMPLOYMENT GOAL IS CONSISTENT WITH MY STRENGTHS, RESOURCES, PRIORITIES,
CONCERNS, ABILITIES, CAPABILITIES, CAREER INTERESTS AND INFORMED CHOICE.
ELLEN'S BIGGEST STRENGTH IS ABILITY TO WORK WITH PEOPLE & HANDLE CRISIS
SHE HAS A NATURAL ABILITY FOR COUNSELING AND SEVERAL YEARS OF TRAINING
& EXPERIENCE IN THIS FIELD. A HISTORY OF NURSING AS WELL.

I WILL COMPLETE THESE STEPS TO BECOME EMPLOYED. (OPTIONAL)

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:

SERVICE CODE: 999 SERVICE TYPE: 1 TIME SVC-START/KEEP JOB

DESCRIPTION: THIS SERVICE MAY NOT BE PROVIDED IN ALL SITUATIONS. IT'S

CONTINGENT UPON BEING NECESSARY TO START OR KEEP A SPECIFIC JOB.

SERVICES DELIVERED BY:

EFFECTIVE DATE: TO (MM/DD/YYYY)

ESTIMATED COST: 250.00 NO COST:

FUNDING SOURCES: RS CLIENT OTHER:

COMPARABLE BENEFIT:

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:

SERVICE CODE: 365 SERVICE TYPE: COUNSELING & GUIDANCE-GEN

DESCRIPTION: INFORMATION/GUIDANCE TO HELP ME MAKE

CHOICES AND PARTICIPATE IN MY PLAN

SERVICES DELIVERED BY: MY REHABILITATION SERVICES COUNSELOR

EFFECTIVE DATE: 09/20/2016 TO 03/20/2017 (MM/DD/YYYY)

ESTIMATED COST: 0.00 NO COST: X

FUNDING SOURCES: X RS CLIENT OTHER:

COMPARABLE BENEFIT:

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:

SERVICE CODE: 593 SERVICE TYPE: COMP BLIND TRAIN-FACILITY

DESCRIPTION: 8 WEEK VOCATIONAL ASSESSMENT, TUITION = \$600/WEEK

SERVICES DELIVERED BY: HELEN KELLER NATIONAL CENTER-PENDING APPROVAL OF
PROVIDER AGREEMENT

EFFECTIVE DATE: 09/20/2016 TO 03/20/2017 (MM/DD/YYYY)

ESTIMATED COST: 4800.00 NO COST:

FUNDING SOURCES: X RS CLIENT OTHER:

COMPARABLE BENEFIT:

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:

SERVICE CODE: 700 SERVICE TYPE: MAINT-BASIC SUBSISTENCE

DESCRIPTION: INCREASED SUBSISTENCE NECESSARY TO PARTICIPATE IN THE IPE,
\$500 PER WEEKSERVICES DELIVERED BY: HELEN KELLER NATIONAL CENTER-PENDING APPROVAL OF
PROVIDER AGREEMENT AND ELLEN FOSHAG

EFFECTIVE DATE: 09/20/2016 TO 03/20/2017 (MM/DD/YYYY)

ESTIMATED COST: 4000.00 NO COST:

FUNDING SOURCES: X RS X CLIENT OTHER:

COMPARABLE BENEFIT:

DUE TO THE ESTIMATED COST, ADDITIONAL AGENCY APPROVAL WILL BE REQUIRED
PRIOR TO PURCHASE.

ESTIMATED COST IS PROVIDED FOR PLANNING PURPOSES ONLY. ACTUAL COST MAY VARY.

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:
SERVICE CODE: 800 SERVICE TYPE: TRANSPORTATION-CLIENT
DESCRIPTION: CLIENT TRANSPORTATION-MILEAGE TO AND FROM THE AIRPORT, \$.27
PER MILE
SERVICES DELIVERED BY: KRS

EFFECTIVE DATE: 09/20/2016 TO 03/20/2017 (MM/DD/YYYY)
ESTIMATED COST: 450.00 NO COST:
FUNDING SOURCES: X RS CLIENT OTHER:
COMPARABLE BENEFIT:

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOALS:
SERVICE CODE: 802 SERVICE TYPE: CLIENT AIRFARE
DESCRIPTION: CLIENT AIRFARE FOR TRAVEL TO HKNC

SERVICES DELIVERED BY: AMERICAN AIRLINES OR OTHER AIRLINE DEPENDING ON
AIRPORT-PENDING OUT OF STATE TRAVEL APPROVAL
EFFECTIVE DATE: 09/20/2016 TO 03/20/2017 (MM/DD/YYYY)
ESTIMATED COST: 600.00 NO COST:
FUNDING SOURCES: X RS CLIENT OTHER:
COMPARABLE BENEFIT:

ESTIMATED COST IS PROVIDED FOR PLANNING PURPOSES ONLY. ACTUAL COST MAY VARY.

EXPLAIN HOW SERVICES WILL CONTRIBUTE TO ACHIEVEMENT OF EMPLOYMENT GOAL:
ELLEN WILL BE ABLE TO HAVE TRAINING, O&M TRAINING AND OTHER SERVICES IN
ORDER TO OBTAIN AND MAINTAIN SUCCESSFUL EMPLOYMENT. ELLEN WILL ALSO
LEARN INDEPENDENT LIVING SKILLS TO HELP HER IN HER HOME COMMUNITY.

DESCRIBE HOW AND WHEN MY PROGRESS WILL BE EVALUATED:
THE VOCATIONAL ASSESSMENT IS INTENDED TO DEVELOP SPECIFIC OPTIONS FOR A
COMPETITIVE INTEGRATED EMPLOYMENT OUTCOME. AFTER COMPLETION OF THE
ASSESSMENT, THE IPE MAY BE UPDATED IN TERMS OF THE VOCATIONAL OBJECTIVE.

POST EMPLOYMENT SERVICES:
NOT ANTICIPATED: CONTACT RS IF NEEDED: X

METHODS USED TO PAY FOR SERVICES

REHABILITATION SERVICES (RS) MAY USE A VARIETY OF METHODS FOR THE PURCHASE OF GOODS OR SERVICES FOR YOUR VOCATIONAL REHABILITATION CASE. IN ALL PURCHASES, THE AGENCY MUST ASSURE THAT FUNDS ARE USED ONLY FOR ALLOWABLE AND AUTHORIZED PURPOSES. SUFFICIENT RECORDS MUST BE MAINTAINED TO DOCUMENT THAT FUNDS WERE USED APPROPRIATELY. DEPENDING ON YOUR INDIVIDUAL PLAN FOR EMPLOYMENT (IPE), YOU MAY ALSO BE RESPONSIBLE TO PAY A SHARE OF THE COST. OR A COMPARABLE BENEFIT MAY BE USED TO COVER A PORTION OF THE COST.

IN MOST INSTANCES, RS WILL PAY THE VENDOR OR SELLER OF THE GOODS OR SERVICES DIRECTLY. THERE MAY BE INSTANCES WHERE YOU WILL BE REIMBURSED FOR ALLOWABLE PURCHASES THAT YOU MAKE FOR YOUR VR PLAN, OR YOU MAY RECEIVE A PAYMENT IN ADVANCE TO MAKE ALLOWABLE PURCHASES. IN THESE INSTANCES WHEN FUNDS ARE PAID DIRECTLY TO YOU, THE FOLLOWING RULES WILL APPLY:

REIMBURSEMENTS

YOU MUST RECEIVE A WRITTEN SERVICE AUTHORIZATION FROM YOUR COUNSELOR FOR ANY PURCHASES YOU MAKE FOR WHICH YOU WILL BE REIMBURSED. YOU MUST HAVE THE SERVICE AUTHORIZATION FORM BEFORE YOU MAKE THE PURCHASE. THE DOLLAR AMOUNT LISTED ON THE SERVICE AUTHORIZATION REPRESENTS THE MAXIMUM AMOUNT THAT RS WILL PAY FOR THE SPECIFIC SERVICE. REIMBURSEMENT WILL BE PROVIDED ONLY FOR THE ITEM(S) LISTED ON THE SERVICE AUTHORIZATION, INCLUDING SPECIFICATIONS SUCH AS MAKE, MODEL, VERSION, EDITION, ETC. REIMBURSEMENT WILL BE THE ACTUAL COSTS. IF YOU CHOSE TO PURCHASE AN ITEM OR SERVICE THAT IS MORE EXPENSIVE THAN THE AMOUNT LISTED ON THE SERVICE AUTHORIZATION, YOU WILL BE RESPONSIBLE FOR THE DIFFERENCE.

PAYMENTS IN ADVANCE

IN LIMITED CIRCUMSTANCES, RS MAY ISSUE A PAYMENT TO YOU IN ADVANCE SO THAT YOU CAN PURCHASE A SPECIFIED, ALLOWABLE GOOD OR SERVICE. THE DOLLAR AMOUNT LISTED ON THE AUTHORIZATION REPRESENTS THE MAXIMUM AMOUNT THAT RS WILL PAY FOR THE SPECIFIED SERVICE. VR FUNDS PROVIDED TO YOU IN ADVANCE MAY BE USED ONLY FOR THE ITEM(S) LISTED ON THE AUTHORIZATION, INCLUDING SPECIFICATIONS SUCH AS MAKE, MODEL, VERSION, EDITION, ETC. IF YOU CHOSE TO PURCHASE AN ITEM OR SERVICE THAT IS MORE EXPENSIVE THAN THE AMOUNT LISTED ON THE AUTHORIZATION, YOU WILL BE RESPONSIBLE FOR THE DIFFERENCE. IF THE ITEM PURCHASED COSTS LESS THAN THE AMOUNT OF THE ADVANCE PAYMENT, THE EXCESS FUNDS WILL BE NOTED AND DEDUCTED FROM ANY FUTURE REIMBURSEMENTS OR PAYMENTS IN ADVANCE. YOU WILL BE RESPONSIBLE TO MANAGE THESE EXCESS FUNDS IN SUCH A WAY THAT THEY ARE AVAILABLE FOR USE FOR FUTURE ALLOWABLE AND AUTHORIZED EXPENDITURES. OR, YOU MAY BE REQUIRED TO RETURN THE EXCESS FUNDS TO RS. IN MOST CASES, YOU MAY NOT HAVE MORE THAN ONE OUTSTANDING PAYMENT IN ADVANCE AT ANY TIME.

ADVANCED WRITTEN AUTHORIZATION

ALL SERVICES TO BE PAID BY RS MUST BE AUTHORIZED IN WRITING IN ADVANCE BY THE COUNSELOR. YOU MUST GET PRIOR WRITTEN AUTHORIZATION FROM YOUR COUNSELOR BEFORE PURCHASING ANY GOODS OR SERVICES TO BE FUNDED BY RS, AND YOU MUST PROVIDE RECEIPTS WHEN REQUESTED. PLEASE COORDINATE WITH YOUR COUNSELOR IN ADVANCE SO THERE IS SUFFICIENT TIME TO REVIEW REQUESTS FOR FUNDING AND TO ISSUE PRIOR WRITTEN AUTHORIZATIONS FOR APPROVED ITEMS.

PROOF OF PURCHASE DOCUMENTATION

AFTER COMPLETING THE PURCHASE, YOU WILL PROVIDE PROOF-OF-PURCHASE DOCUMENTATION. DOCUMENTATION MAY INCLUDE ORIGINAL PAID RECEIPTS, CASH REGISTER RECEIPTS THAT IDENTIFY GOODS PURCHASED, CREDIT CARD STATEMENTS, INTERNET PAYMENT DOCUMENTATION, OR OTHER SIMILAR DOCUMENTATION. COPIES OF CANCELLED CHECKS (SHOWING BOTH THE FRONT OF THE CHECK INDICATING THE PAYEE AND THE BACK OF THE CHECK OR BACK STATEMENT INDICATING PAYMENT HAS BEEN MADE) AND COPIES OF THE MONEY ORDER ARE ALSO ALLOWABLE DOCUMENTATION. YOUR NAME MUST BE WRITTEN ON ALL DOCUMENTATION YOU SUBMIT TO RS.

YOU MUST COMPLETE A MATERIALS RECEIVED FORM FOR GOODS PURCHASED AND SUBMITTED WITH THE PURCHASE DOCUMENTATION.

DOCUMENTATION MUST BE DETAILED ENOUGH TO NOTE THE PAYEE, WHAT WAS PURCHASED, THE DATE, AND THE COST. MILEAGE LOGS ARE REQUIRED FOR MILEAGE REIMBURSEMENT. TRANSPORTATION LOGS ARE REQUIRED FOR USE OF BUS TICKETS, BUS PASSES, TAXI FARES, OR OTHER PAY-PER-RIDE TRANSPORTATION.

DOCUMENTATION MAY BE SUBJECT TO VERIFICATION BY RS.

FALSIFIED RECEIPTS OR DOCUMENTATION WILL RESULT IN YOUR CASE BEING CLOSED. IN SUCH CIRCUMSTANCES, A REFERRAL FOR FURTHER INVESTIGATION WILL BE MADE TO THE DEPARTMENT FOR CHILDREN AND FAMILIES FRAUD UNIT.

DOCUMENTATION MUST BE SUBMITTED WITHIN 10 DAYS OF PURCHASE. FAILURE TO PROVIDE DOCUMENTATION IN A TIMELY MANNER MAY RESULT IN THE DENIAL OF THE USE OF THE REIMBURSEMENT OR PAYMENT IN ADVANCE OPTIONS IN THE FUTURE.

I UNDERSTAND THESE RULES AND CERTIFY THAT I WILL COMPLY.

CLIENT SIGNATURE

DATE

PARTICIPATION AGREEMENT

THE FOLLOWING RIGHTS APPLY TO EVERYONE RECEIVING VR SERVICES.
I HAVE THE RIGHT TO:

- * RECEIVE VR SERVICES WITHOUT DISCRIMINATION BASED ON RACE, COLOR, RELIGION, AGE, DISABILITY, NATIONAL ORIGIN, ANCESTRY OR SEX. (THE SERVICES THAT RS CAN PROVIDE DEPEND ON THE AVAILABILITY OF STATE AND FEDERAL FUNDS, AND WHETHER THERE ARE OTHER PROGRAMS THAT CAN PROVIDE THE SERVICES I NEED.)
- * MAKE INFORMED CHOICES ABOUT MY EMPLOYMENT GOAL, THE SERVICES I WILL RECEIVE, WHO WILL PROVIDE THE SERVICES, AND HOW THE SERVICES WILL BE OBTAINED.
- * TAKE AN ACTIVE PART DEVELOPING MY INDIVIDUAL PLAN FOR EMPLOYMENT AND BE INVOLVED IN ANY CHANGE IN THE PLAN BEFORE IT GOES INTO EFFECT. I MAY GET HELP FROM OTHER INDIVIDUALS WHO ARE NOT EMPLOYED BY THE STATE AGENCY TO DEVELOP MY PLAN IF I CHOOSE.
- * EXPECT THAT INFORMATION I GIVE MY COUNSELOR WILL BE KEPT CONFIDENTIAL, AS DESCRIBED IN THE HANDBOOK OF SERVICES.
- * SIGN AND RECEIVE A WRITTEN COPY OF MY INDIVIDUAL PLAN FOR EMPLOYMENT AND ANY CHANGES MADE TO IT.
- * PARTICIPATE IN AN ANNUAL REVIEW OF MY INDIVIDUAL PLAN FOR EMPLOYMENT TO BE SURE IT IS STILL THE BEST PLAN TO HELP ME GET A JOB.
- * PARTICIPATE IN REVIEWS TO DETERMINE MY PROGRESS TOWARD MEETING MY EMPLOYMENT GOAL.
- * RECEIVE INFORMATION IN MY NATIVE LANGUAGE OR MODE OF COMMUNICATION.
- * RECEIVE SERVICES FROM THE CLIENT ASSISTANCE PROGRAM (CAP) IF I NEED MORE INFORMATION OR CLARIFICATION ABOUT MY PLAN, IF I AM DISSATISFIED WITH MY SERVICES, OR IF I NEED INFORMATION ABOUT MY APPEAL RIGHTS (ADMINISTRATIVE REVIEW, MEDIATION OR FAIR HEARING).
I MAY CONTACT CAP AT THE DISABILITY RIGHTS CENTER, TOLL-FREE AT 1-877-776-1541 OR 1-877-335-3725 (TTY).

THE FOLLOWING RESPONSIBILITIES APPLY TO EVERYONE RECEIVING VR SERVICES.
I HAVE THE RESPONSIBILITY TO:

- * CARRY OUT MY INDIVIDUAL PLAN FOR EMPLOYMENT TO THE BEST OF MY ABILITIES.
- * KEEP APPOINTMENTS AND PARTICIPATE IN SCHEDULED ACTIVITIES. CONTACT MY COUNSELOR IF I NEED TO CHANGE AN APPOINTMENT TIME.
- * CHECK WITH MY COUNSELOR IN ADVANCE BEFORE I STOP ANY PLANNED ACTIVITIES.
- * GET PRIOR WRITTEN AUTHORIZATION FROM MY COUNSELOR BEFORE I PURCHASE ANY GOODS OR SERVICES TO BE FUNDED BY RS, AND PROVIDE RECEIPTS WHEN REQUESTED.
- * PROVIDE FINANCIAL INFORMATION AS NEEDED, APPLY FOR FINANCIAL AID/OTHER BENEFITS, AND HELP PAY FOR THE COST OF MY SERVICES CONSISTENT WITH MY ECONOMIC NEED. USE FAMILY FUNDS, INSURANCE, SOCIAL SECURITY, PELL GRANTS, SCHOLARSHIPS OR ANY OTHER FUNDS I MAY BE ELIGIBLE FOR TO HELP PAY FOR SERVICES.
- * FOLLOW MEDICAL ADVICE, TREATMENT PLANS OR OTHER PROFESSIONAL INSTRUCTIONS, AND COOPERATE WITH SERVICE PROVIDERS WHO ARE TRYING TO HELP ME WITH MY SERVICES OR EMPLOYMENT

PARTICIPATION AGREEMENT

* CONTACT MY COUNSELOR:

IF I MOVE.

IF MY PHONE NUMBER CHANGES.

IF I WANT TO CHANGE ANYTHING ABOUT MY PLAN, SUCH AS MY EMPLOYMENT GOAL, SERVICES, TIME FRAMES OR STEPS.

IF THERE IS A CHANGE IN MY FINANCIAL STATUS.

IF THERE IS A CHANGE IN MY EMPLOYMENT STATUS, FOR EXAMPLE IF I AM NO LONGER WORKING, IF I GET LAID OFF, IF I GET PROMOTED, OR IF I CHANGE JOBS.

- * ACTIVELY SEEK EMPLOYMENT, AND GO TO WORK WHEN I HAVE COMPLETED MY PLAN. WHEN I GET A JOB, I WILL PROVIDE INFORMATION TO MY COUNSELOR ON THE NAME OF MY EMPLOYER, MY WAGES, THE NUMBER OF HOURS I AM WORKING, MY JOB TITLE, AND BENEFITS.

THE FOLLOWING RESPONSIBILITIES ALSO APPLY TO MY INDIVIDUAL PLAN FOR EMPLOYMENT:

OTHER: AFTER COMPLETION OF THE ASSESSMENT, THE IPE MAY BE UPDATED IN TERMS OF THE VOCATIONAL OBJECTIVE AND SERVICES NECESSARY TO ACHIEVE THAT OBJECTIVE. A STAFFING BETWEEN MRS. FOSHAG, VR COUNSELOR AND HKNC STAFF WILL BE SCHEDULED AT WEEKS 4

OTHER: AND 7 OF THE ASSESSMENT TO EVALUATE PROGRESS AND DISCUSS NEXT STEPS.

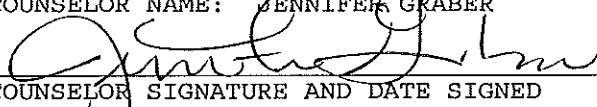
PLAN FOR EMPLOYMENT

I UNDERSTAND THAT THIS IS A PLAN FOR EMPLOYMENT. THE VOCATIONAL REHABILITATION (VR) SERVICES PROVIDED ARE THOSE NECESSARY TO HELP ME GET OR KEEP A JOB. I ALSO UNDERSTAND THAT FRAUDULENT USE OF VR SERVICES OR RESOURCES MAY BE REFERRED FOR INVESTIGATION.

MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN

I WAS INVOLVED IN MAKING DECISIONS ABOUT THIS PLAN. I HAD CHOICES ABOUT MY JOB GOAL AND THE STEPS AND SERVICES NEEDED TO REACH IT. I ALSO HAD CHOICES ABOUT WHO WILL PROVIDE THE SERVICES. MY RIGHTS AND RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME AND GIVEN TO ME. I UNDERSTAND THAT I WILL RECEIVE A COPY OF MY PLAN.

COUNSELOR NAME: JENNIFER GRABER


COUNSELOR SIGNATURE AND DATE SIGNED

DATE: 10/13/16

CLIENT NAME: ELLEN FOSHAG

CLIENT SIGNATURE AND DATE SIGNED

DATE: _____

