# IPS EMPLOYMENT SUPPORT PLAN

***To record initial plan for starting and maintaining a job \*\*To be reviewed and signed by Consumer and Employment Staff***

Consumer:

Name of IPS Employment Staff:       Phone Number:

Name of Care Coordinator/team:       Phone Number:

Name of DVR Counselor:       Phone Number:

**Prior to Job Start: (\*\*complete with the consumer)**

What are some things that may affect you to not want to go to work and what is the plan if that happens?

How will you know if you start to feel dissatisfied with your job or that you are having problems?

What support will I need from my team to be successful at work?

What are some tools/coping strategies that you have used in the past on the job to manage stress?

# After Job Start: (\*\*See IPS Job Start (Hire) Report)

Date of Job start:       Company Name/Address:       Supervisor name/number:

If DVR Consumer, does the job match the IEP goal to be supported by DVR? [ ]  Yes [ ]  No

What will the consumer do to help keep the job? **(\*\* Review the Career Profile and address any barriers that may come up)**

What will the IPS staff do to help the consumer keep the job? (off/on job supports)

What supports are needed from DVR to be successful on the job?

How would consumer like to be contacted?

[ ] In-person (community) [ ] In-person (job site) [ ]  In-person (agency)

[ ] Phone call [ ] Text [ ] Email

Describe how often per month the IPS staff will meet/connect with the consumer?

The consumer gives permission for IPS staff to contact employer for follow up and check in’s: [ ]  Yes [ ]  No

If consumer disclosed, how many times per month will the IPS staff contact the employer?

If IPS staff is not available, who can the consumer contact?      Phone #:

What will Care Coordination team members do to help the consumer keep the job and how often will they connect with the consumer to focus on helping with work issues?

Who will help consumer report wages to SSA if consumer needs help?

Does consumer want more benefit counseling? [ ]  Yes [ ]  No

Does the consumer need assistance with accessing Pay stub etc. [ ]  Yes [ ]  No

Business Portal:       User Name:       Password

Other Comments:

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Consumer Signature Employment Specialist Signature

\*\*When completed ensure consumer, care Coordinator and DVR all have copies of IPS Support Plan

\*\* Upload copy of the plan to Provider Connect or Synthesis