This is a "living" document, to be started when the person begins a job and/or education program and is to be updated with changes in support needs. Prior to the person reaching 90 days at work - IPS Milestone #4, the job support grid is to be re-visited and evaluated to ensure that the identified support needs and/or skills have been met.

The "Employment Support Plan" is completed for any working person; the "Education Support Plan" is completed for anyone attending a training or educational program. If a person is both working and attending school or training program, both support plans need to be completed.

**Job Support Plan** *(if person is attending school and* ***NOT*** *working, move to “Education Support Plan” section)*

**Name:**       **Date Initiated:**

**IPS Specialist:**

**Employer:**       **Start Date:**

**Position Title:**       **Type:** **PT**  **FT:**  **As Needed/PRN:**

**Work Schedule (below): Seasonal:**  **Temporary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Split Shifts? |
|  |  |  |  |  |  |  |  |  |

**Schedule Varies**

**1. What is your plan for getting to and from your job/education program?**

* **Back-up transportation plan:**

**2.** **What does work success look like for you?**

* **What strengths will help you succeed on the job?**

**3. What do you want to get out of the job *(e.g., meet new people, save money to make a specific purchase, occupy time, more income, etc.)*?**

**4.** **Would you like me to contact your supervisor (*disclosure preference*)? YES**  **NO**

* **If yes, please describe the type of contact you’d like me to have with your supervisor and how often:**
* **Release of Information signed for IPS Specialist to speak with supervisor?** **YES**  **NO**

**UPDATE/DATE(s):**

**5. Who else is able to provide support to you for work related needs *(****enter person’s name, type of support and frequency to be delivered****)*:**

**Family Member:**

**Friend:**

**Case Manager/primary mental health worker:**

**Other care professional:**

**Someone else:**

* **Release of Information signed for support person(s)?** **YES**  **NO**
* **For the people identified above, who do you want to help you with your long-term career goals (*once you exit IPS services and transition to independent work)?***

**UPDATE/DATE(s):**

**6. Have you met with a Certified Work Incentives Counselor (CWIC) to manage your earnings and entitlements? YES**  **NO**  **N/A**

* **If yes, what is your plan to manage earnings and maintain Medicaid Habilitation, SSI/SSDI eligibility, or plan for independence from entitlements?**

**N/A – does not have Medicaid Habilitation/SSI/SSDI**

**UPDATE/DATE(s):**

**7.** **What do you want help with regarding your new job *(****e.g., help being on time, dealing with nervous feelings, getting feedback from supervisor, having good relationships with coworkers, learning the job, getting tools/clothing for work, asking for accommodations, etc.****)*?**

**UPDATE/DATE(s):**

**Initial Evaluation of Job Supports** *(begin at job start, to be submitted with 45 days employed Milestone 3 billing).*

**Please use the information from above (#7) to complete this section.**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Support/Skill Needs Requested | Where Support will be Provided | When/How | Person Responsible for Support |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**90 Day Job Support Evaluation** *(to be submitted at 90 days of employment with Milestone #4 billing).*

**In this section, describe supports that have been provided on the job, and skills that still need to be developed with the IPS Specialists support.**

|  |  |  |  |
| --- | --- | --- | --- |
| Support/Skill Need Identified | Rating/Current Assessment – NI, A, M (NI-Needs Improvement,  A-Acceptable,  M-Mastered) | Next Steps/  Additional Needs  (if applicable) | Brief Summary of Supports |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Education Support Plan** *(if person is not attending school, do* ***not*** *complete)*

**Name:**       **Date Initiated:**

**IPS Specialist:**

**Educational Institution/Program:**       **Program Start Date:**

**Major/Focus Area:**       **Minor (if applicable):**

**Program Schedule:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|  |  |  |  |  |  |  |  |

**Online Classes**

**1. What is your plan for getting to and from your education program?**

* **Back-up transportation plan:**

**2.** **What does educational success look like for you?**

* **What personal strengths will help you succeed in your education program?**

**3. What do you want to get out of going to school/education program *(****e.g., meet like-minded people, learn specific skills, become involved in extracurricular programs, increase chances for specific career goals, etc.****)*?**

**4.** **Would you like me to have contact with your instructor(s)/professor(s)?** *(Disclosure preference*)

**YES**  **NO**

* **If yes, please describe the type of contact you’d like me to have with your instructor(s)/professor(s) and how often:**
* **Release of Information signed for IPS Specialist to speak with instructor(s)/professor(s)?**

**YES**  **NO**

**UPDATE/DATE(s):**

**5. Who else can provide support to you for education related needs *(****enter person’s name, type of support and frequency to be delivered****)*:**

**Family Member:**

**Friend:**

**Case Manager/primary mental health worker:**

**Other care professional:**

**Someone else:**

* **Release of Information signed for support person(s)?** **YES**  **NO**
* **For the people identified above, who do you want to help you with your long-term education/career goals (*once you exit IPS services and transition to independence)?***

**UPDATE/DATE(s):**

**6. Are you interested in meeting with a certified Benefits Planner to see if you would be eligible for the Student Earned Income Exclusion or other work incentives, while in your education program? YES**  **NO**

* **If yes, would you like your IPS Specialist to attend this meeting with you?**

**UPDATE/DATE(s):**

**7.** **What do you want help and support with regarding school *(****e.g., waking up or getting to class on time, learning good study habits, having good relationships with peers, learning about disability services, structuring time and schedule for due dates, asking for learning accommodations, speaking with instructors, etc.****)*?**

**UPDATE/DATE(s):**

**8. EDUCATIONAL SUPPORTS: Please use the supports identified above (#7) to complete this section.**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Support/Skill Needs Requested | Where Support will be Provided | When/How | Person Responsible for Support |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Education Support Evaluation** *(to be completed once identified education support needs have been delivered*).

|  |  |  |  |
| --- | --- | --- | --- |
| Support/Skill Need Identified | Rating/Current Assessment – NI, A, M (NI-Needs Improvement,  A-Acceptable,  M-Mastered) | Next Steps/  Additional Needs  (if applicable) | Brief Summary of Supports |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Transition Planning**

### Employment

1. **Now that you’ve reached 90 days of employment, how do you feel about the level of support you are receiving?**
2. **What changes, if any, do you want in your support from your IPS Specialist?**

**No Change  Decrease Support  Increase Support  Transition Support**

1. **Describe progress towards scheduling a Transition Meeting:**

### Education

1. **As you have gained more independence in your education program, how do you feel about the level of support you have been receiving?**
2. **What changes, if any, do you want in your support from your IPS Specialist?**

**No Change**  **Decrease Support**  **Increase Support**  **Transition Support**

1. **Describe progress towards scheduling a Transition Meeting:**

**Date IPS Job & Education Support Plan sent to Mental Health Team:**

     

Job Seeker/Student Signature Date

     

IPS Specialist Signature Date