

Job Support Plan

Client:
Employment Specialist:

Today's Date:

Employer:
Position Title:

Start Date:

1. Plan for getting to work:

Back-up plan for getting to work:

2. What strengths will help the worker succeed on the job:

3. What does the worker want to get out of the job (*for example, meet new people, save to make a specific purchase, occupy time, more income, etc.*):

4. What does the worker want help with in the new job (*for example, getting up on time, dealing with nervous feelings, getting feedback from supervisor, having good relationships with co-workers, learning the job, getting tools/clothes for work, etc.*):

5. Will the IPS Specialist have contact with the supervisor? YES NO

- If yes, please describe the type of contact and how often:

- Release of Information signed for Specialist to speak with supervisor? YES NO

6. Others who can provide job supports to the worker (*enter person's name, type, and frequency of support*):

Family Member:

Friend:

Case Manager (or another primary worker):

Other care professional:

Someone else:

- Release of information signed for support person(s)? YES NO

Client Name:

Member ID#:

DOB:

Job Support Plan

7. Has worker met with a CWIC to manage earnings and entitlements? **YES** **NO** **N/A**

- If yes, what is the plan for worker to manage earnings and maintain Medicaid HAB, SSI/SSDI eligibility or plan for independence from entitlements?
 - a) N/A; does not have Medicaid HAB/SSI/SSDI
 - b) Explain:

8. Job Supports

Type of Support	Where	When/How Often	Who

Notes/Updates:

Client/Worker Signature

Date

IPS Specialist Signature

Date

Client Name:

Member ID#:

DOB: