

## Ticket to Work Individual Work Plan (IWP)

Statement of Understanding: I choose to participate in the Ticket to Work Program with the employment network (EN) named below. I understand that my EN will provide me with employment support to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with my EN from time to time to meet my current needs.

EN Name:		
DUNS Number:		
Telephone:	Email:	
Address:		
My Name:		
SSN:		
Telephone:	Email:	
Address:		
Alternate Contact Name:		
Telephone:	Email:	
Address:		
Alternate Contact Name:		
Telephone:	Email:	
Address:		
Alternate Contact Name:		
Telephone:	Email:	
Address:		
What type of service model will	l be used for the beneficiary?	
Traditional Service	Consumer Directed Service	Employer



## 1. My Vocational Goal and Expected Monthly Earnings

Short Term Vocational Goal (in the next 3 to 12 mos.):
Expected Monthly Fernings (in the next 2 to 12 mag )
Expected Monthly Earnings (in the next 3 to 12 mos.):
Long Term Vocational Goal (in the next 3 to 5 years):
Expected Monthly Earnings (in the next 3 to 5 years):



## 2. The Supports and Services the EN Agreed to Provide to Help Me Reach My Vocational Goal

My EN and I have agreed upon the supports/services checked or written below. Below we also explain the steps the two of us agreed to take to help me reach my vocational goal. This includes any referrals my EN agreed to make to help me get services.

Career counseling and guidance (at a minimum, required during IWP development)
Note: On the last page, EN must certify to providing career counseling.
Job search or placement services (required, if not working)
Job coaching/training
lab accommodation planning
Job accommodation planning



V	<b>Continuing employment supports</b> (at a minimum, quarterly contact by EN to assess needs)
•	
•	
•	
•	
•	
	Other (please explain below)
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_	



# **3. My Recent Work History** (Check all that apply)

I am currently working.
I had <b>no earnings</b> in the last 18 months.
I had some earnings in the last 18 months.
☐ None of my earnings were in the last 6 months.
☐ Some of my earnings were in the last 6 months.
 you had earnings in the last 6 to 18 months, please describe those earnings in the following art. List your employer first.)

Employer	Start Date	End Date	Wage Per Hour	Hours Worked Per Week



## 4. Conditions Related to the Success of my IWP

- I will inform my EN of changes in my contact information.
- My EN will contact me as needed to share information and determine any unmet needs (at least quarterly).
- I will inform my EN of my earnings.
- While I am working, my EN will offer and provide me with ongoing employment support to help me keep working or refer me to others who can help me keep working.

My EN and I have agreed to the other conditions described below (If there are no other conditions, please state that):	



## **RIGHTS & REMEDIES**

I understand that I have the following rights under t	•	
1) May not request or accept any compensation from me for the costs of services and supports provided to me as an EN.		
2) May change this IWP, as long as we both agree writing.	e. Any change to this IWP must be made in	
3) Will provide or help me to obtain ongoing employed help me keep my job.	yment support, as necessary, designed to	
4) May unassign my Ticket at any time if either of u	us are not satisfied for any reason.	
5) Explained its internal resolution process. If we are unable to resolve a dispute, another process is available to me through the Ticket Call Center at 1-866-968-7842.		
6) Provided me with the phone number of the Stat can receive free services.	te Protection and Advocacy Program where I	
The phone number is	-	
7) Informed me of the annual progress reviews and	d the Timely Progress Review guidelines.	
8) Will keep my personal information, including my about my disability, private and confidential.	Social Security number and information	
9) Will use only qualified employees and/or provide	ers to provide services to me.	
10) Will provide me with a copy of this IWP and an	y changes in an accessible format.	
I declare under penalty of perjury that I have example and any accompanying statements or forms, and knowledge.		
By signing below, I agree to the terms of this IWP in IWP to contact employers on my behalf to verify on	<del>-</del>	
Beneficiary's Signature	Date	
EN Representative's Signature	Date	



#### FOR EN'S COMPLETION

Record of Career Counseling	Provided During IWP Development
(Date of Counseling)	(Duration of Counseling Session)
(Date of Counseling)	(Duration of Counseling Session)
(Nama	of Counselor)