

Virginia Department for Aging and Rehabilitative Services Division of Rehabilitative Services

Amendment to Plan

Client Name _____ Participant ID _____ Case Type VR

1 Amendment to General Information

Amending Employment Plan Trial Work Plan Extended Eval Plan Post Empl Services Plan

Plan # _____ Signature/Start Date _____ Expected Plan End Date* _____

Amending IPE to Plan Type C&G Training Phys Res

Supported Empl Y N Small Bus Enterprise Y N Finan. Eligible Y N

Amendment to Employment Goal _____

Reason for Selecting this Employment Goal _____

2 Amendment to Planned Services/Vendors/Cost

Adding Service Terminating Service Reducing Service Changing Vendor Changing Financial

Service Category _____ Procedure Code _____

Procedure Description _____ Start or End Date _____

New Unit/Msr _____ New Vendor _____

Service Category _____ Procedure Code _____

Procedure Description _____ Start or End Date _____

New Unit/Msr _____ New Vendor _____

Amendment to Total Costs Participant \$ _____ Agency \$ _____

Others/Comp Benefit \$ _____ (Specify) _____

To Be Determined \$ _____ TOTAL PLAN \$ _____

3 Amendment to Participant Responsibilities

Add Remove _____

4 Amendment to Progress Measures

Criteria for evaluating progress towards my (participant) employment goal

Add Remove _____

Signatures for Substantial Amendment to Employment Plan (IPE)

Signatures are required before implementing a change to IPE: **Employment Goal, Progress Measure, Vendor, Services** when deleting a planned service before it has been initiated or adding/terminating a core service, or **Increasing client's cost**. Parent or guardian must sign only if the applicant is under 18 years old or has a legal guardian.

Client Signature _____ Date _____

Counselor Name _____ Sign _____ Date _____

Parent/Guardian (Print) _____ Sign _____ Date _____

Complete the AWARE screen. If signatures are required, keep a copy of **signature page** in client file and give client a copy