

# IPS Job Support Plan

Worker: \_\_\_\_\_ Employer: \_\_\_\_\_

IPS Worker: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

1. Transportation:

a. Plan for getting to work:

b. 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, buy a car, be busy, have more income, ...):

4. What does the worker want help within the new job (for example, getting up on time, dealing with nervous feelings, getting feedback from the boss, having good relationships with co-workers, learning the job, getting tools/clothing for work...)?

5. Will the IPS specialist have contact with the supervisor?  Yes  No

If yes, please describe how often and what type of contact: \_\_\_\_\_

Signed release of information for specialist to talk with the employer?  Yes  No

6. Who else can help with job supports, e.g., Family member/s; Friend/s; Case manager (or other primary worker); Other care professional, or; Someone else?

	Name	Relationship	How will the person help?	Release*
a.				
b.				
c.				
d.				
e.				

\*Signed release of information for identified support person

## 7. Job Supports

	Type of Support	Where?	When/how often?	Who?
a.				
b.				
c.				
d.				
e.				
f.				
g.				

## 8. Notes/Updates

IPS Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_ Worker Signature: \_\_\_\_\_ Date \_\_\_\_\_