

**MARYLAND EMPLOYMENT NETWORK
INDIVIDUAL WORK PLAN (IWP)**

Beneficiary Name (last, first, mi)		Date of Birth (month/day/year):
Beneficiary Address:	Beneficiary Telephone #:	Beneficiary SS#:
	Beneficiary Email Address:	
Provider Agency Name:	Provider Address:	Individual preparing IVP/IWP with Beneficiary:
Contact with Client All IVP/IWP's are completed in a Face to Face Meeting with Beneficiary unless noted otherwise. _____ Telephone		Provider Telephone #:

Participating Community Mental Health Providers are approved by the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality (OHCQ) to deliver supported employment services and are regulated according to the provisions of COMAR (Code of Maryland Regulations) 10.21.28, which establishes two face-to-face contacts per month as the minimum threshold for the service. The OHCQ monitors compliance with state regulations on an ongoing basis.

OVERALL VOCATIONAL GOALS

Short Term Goal: <i>(Goals to be achieved in 2-24 months)</i>	<i>(Please note, the acronym SMART are goals that are: Specific, Measurable, Achievable, Realistic & Timely)</i>
Expected Monthly Earnings Amount (in the next 3-12 months) <input style="width: 150px; height: 20px;" type="text"/> <i>(Trial Work Level amount or above)</i>	
Long Term Goal: <i>(Goals to be achieved in 3-5 years)</i>	<i>(Please note, the acronym SMART are goals that are: Specific, Measurable, Achievable, Realistic & Timely)</i>
Expected Monthly Earnings Amount (in the next 3-5 years) <input style="width: 150px; height: 20px;" type="text"/> <i>(Substantial Gainful Activity amount or above)</i>	

SERVICES AND SUPPORTS - Describe the specific activity, service or treatment, and the intended purpose or impact as it relates to the objective. The intensity, frequency and duration should also be specified.

<input type="checkbox"/> Career Planning and Guidance <i>(required during IWP development)</i>
<input type="checkbox"/> Job Search or Placement Services <i>(required if not working)</i>
<input type="checkbox"/> Job Coaching and Training <i>(if needed)</i>

INDIVIDUAL VOCATIONAL PLAN/WORK PLAN (IVP/IWP)

Beneficiary Name: _____

Job Accommodation Planning (*if needed*)

Continuing Employment Supports to assist client in staying employed or to get a better job or higher wages (*at a minimum, quarterly contact by EN to assess needs*)

Other Services (*referral to other services if needed*)

MY RECENT WORK HISTORY (*Check all that apply*)

I am **currently working**.

I had **no earnings** 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.

(If you had earnings in the last 6 to 18 months, please describe those earnings in the following chart. List your latest employer first.)

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

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 “no other conditions”):

No other Conditions

INDIVIDUAL VOCATIONAL PLAN/WORK PLAN (IVP/IWP)

Beneficiary Name: _____

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.

RIGHTS & REMEDIES

I understand that I have the following rights under the Ticket to Work Program. As my EN, **Maryland Employment Network**, you:

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. Any change to this IWP must be made in writing.
3. Will provide or help me to obtain ongoing employment support, as necessary, designed to help me keep my job.
4. May un-assign my Ticket at any time if either of 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 State Protection and Advocacy Program where I can receive free services. The phone number for the Maryland Disability Law Center is 1-800-233-7201.
7. Informed me of the annual progress reviews and the Timely Progress Review guidelines.
8. Will keep my personal information, including my Social Security number and information about my disability, private and confidential.
9. Will use only qualified employees and/or providers to provide services to me.
10. If any medical or related health services are provided, they will be provided under the supervision of persons licensed to prescribe or supervise the provision of these services in the State in which the services are performed.
11. Will provide me with a copy of this IWP and any changes in an accessible format.

I declare under penalty of perjury that I have examined all the information on the form and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

By signing below, I agree to the terms of this Individual Work Plan and the Privacy Act Statement and give permission for the EN named in this IWP to contact employers on my behalf to verify or obtain evidence of work or earnings. In addition, I agree to have my ticket assigned to the Maryland Employment Network.

Beneficiary's Signature:	EN Representative Signature: Molly Hall, Program Administrator Maryland Employment Network
Date:	Date:

Maryland Employment Network 125 N. Main Street/Rear Bel Air, MD 21014 855-384-2844 MarylandEN@harfordmentalhealth.org DUNS No. 048614346	<i>This is a State Agency Administrative EN, Partnership Plus Business Model that works in conjunction with the Maryland Division of Rehabilitative Services (DORS), Maryland's public vocational rehabilitation agency, on career guidance and planning, training and placement. Following DORS closure, MarylandEN providers deliver extended employment services and supports.</i>
---	---