



Vocational Rehabilitation Program Individualized Vocational Plan

Participant's Last Name:		Birth Date:(yyyy/mm/dd)
V.R. Counsellor:		Region:
V.T. #:	Vocational Plan #:	Amendment #:
Purpose for Completing this Form		
✓ Check all that apply.		
	A. Recording of Vocational Plan not requiring VR funding.	
	B. Recording of Vocational Plan involving projected funding from VR Program.	
	C. Wait List for Educational Funding Support (<i>copy must be forwarded to Service Delivery Support 114 Garry Street</i>).	
	D. Update of a previously funded plan when there has been no funding required or approved during the last 12 months.	
	E. Update to vocational goal or plan that may significantly change future funding requests.	
Vocational or Employment Goal: <i>(not mandatory for assessments or first month of work training)</i> <hr/> <hr/> <hr/>		
Plan for achieving Vocational Goal: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Factors Impacting Achievement of Vocational or Employment Goals: <hr/> <hr/> <hr/> <hr/>		

Action Steps the participant plans to undertake towards addressing the factors which will impact on achieving the vocational goal including financial resources for non VR funded expenses or costs.

Amendments/Updates

Action Steps VR Counsellor agrees to undertake in support of participant's achievement of his/her vocational goal.

Amendments/Updates

Components for which Individualized Vocational Rehabilitation Funds will be requested during the time frame of: _____ to _____
(maximum 3 years from original/ updated/ plan. However actual funding is year to year).

Amendments/Updates

Agreements and understandings:

This plan has been agreed to by the participant and the VR Counsellor. Although the above described plan covers a period of up to three years, the proposed **funding from the Vocational Rehabilitation Program is year to year and is subject to change depending on program policies and available resources.** In order to ensure funding requests are submitted in a timely manner the participant agrees to:

1.
2.
3.
4.
5.

The VR Counsellor will submit all funding requests for funded services that will be provided or covered by the Vocational Rehabilitation Program as outlined in the Vocational Rehabilitation Funding section of this form.

By signing this agreement the participant and/or his/her advocate acknowledge that they have been informed of the:

- funding that may be provided by the VR Program in support of this plan and the limitations of the funding.
- information they need to provide to their VR Counsellor from time to time in order for funding requests to be submitted within required timelines.

By signing this agreement the participant also agrees that the information included on this form may be shared with others related to the implementation of the vocational plan and /or involved in providing services funded by the Vocational Rehabilitation Program or for purposes of evaluation and monitoring.

Participant's Signature

Date

VR Counsellor

Date

Supervisor Signature

Date

- Funding requests for which Service Delivery Support remain responsible for approving must have a copy of the Individualized Vocational Plan attached to the funding request including plans that may have been previously submitted for placement on the Educational Wait List.