- INDIVIDUAL PLAN

Services Provided: ☐ **Work Services** ☐ **CSE/DD** ☐ **CSE/MH** ☐ **CSE/HCBS**

Worker:		**Job Site:**	
Date of Birth:		**Job Title**	
Program (billing) hours:	_____ per week WS _____units of trans/wk _____ per month CSE	**Date of Hire:**	
		Rate of pay:	
Plan Dates:	to	**subminimum:**	% Prevailing wage: /hr
Budget required:	$	**Work Schedule:**	/ week WS
CRP contact:	/		/ week CSE

BARRIERS TO INDEPENDENT EMPLOYMENT

1.
2.
3.
4.

OBJECTIVES –

1.
2.
3.
4.

PROCEDURES – review objective with client at least one time per week

1.
2.
3.
4.

DATA COLLECTION:

1.
2.
3.
4.

What I think of my plan _____

_____

_____ _____

Client Date CRP staff responsible for program Date

Data Collection:

Objective	Month																									
	Week One					Week Two					Week Three					Week Four					Week Five					
Date:																										

Narrative Log: