

PLAN FOR ACHIEVING SELF-SUPPORT

Date Received

In order to minimize recontacts or processing delays, please complete all questions and provide thorough explanations where requested. If you need additional space to answer any questions, use the Remarks section or a separate sheet of paper

Name _____ SSN _____

PART 1 – YOUR WORK GOAL

A. What is your work goal? *(Show the specific job you expect to have at the end of the plan. If you do not yet have a specific work goal and will be working with a vocational professional to find a suitable job match, show “VR Evaluation.” If you show “VR Evaluation,” be sure to complete Part II, question F on page 4.* _____

If your goal involves supported employment, show the number of hours of job coaching you will receive when you begin working _____ **per week/month** *(circle one)*.

Show the number of hours of job coaching you expect to receive after the plan is completed.
_____ **per week/month** *(circle one)*.

B. Describe the duties you expect to perform in this job. Be as specific as possible *(standing, walking, sitting, lifting stooping, bending, contact with the public, writing reports/documents, etc.)*

C. How did you decide on this work goal and what makes this job attractive to you?

D. If your work goal does not involve self-employment, how much do you expect to earn each month (gross) after your plan is completed? \$ _____/month