IPS Services Transition Plan

You have decided to discontinue IPS services. But remember that you are welcome to return to IPS if you think you would benefit from job supports or career development in the future. This guide is meant to support your decision and help you to plan ongoing supports.

What are your future plans? What is your short-­‐term goal? What is your long-­‐term goal?

If you had to make a big decision today who would you call? Who have you called in the past?

Who can help with your career goals?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** or **N** | Name of Support(s) Preferred | Contact Information |
| My case manager |  |  |  |
| My therapist |  |  |  |
| My family |  |  |  |
| My friend |  |  |  |
| My significant other |  |  |  |
| Clergy |  |  |  |
| Benefits Planner |  |  |  |
| Other |  |  |  |

Should we schedule a meeting with any of your supports to discuss the transition?

If you are employed, how often do you want someone to check in with you about your job? Who should check in with you?

If you are leaving IPS unemployed, when would be a good time to ask you about returning to IPS for help with employment or education? Who should contact you?

|  |  |  |
| --- | --- | --- |
| **How would you like to be contacted?** |  | |
| ⃝ In-­‐person (community) | ⃝ In-­‐person (job site) | ⃝ In-­‐person (agency) |
| ⃝ Phone call | ⃝ Text | ⃝ Email |

What are some tools/coping strategies you use or have used in the past on the job to manage stress?

How would you know if you started to feel dissatisfied with your job or that you were having other problems?

**What are some reasons to re-­‐connect to IPS in the future?** (Help leaving current job, help finding a new job, help advocating for a promotion or raise, assistance with training or education, benefits planning, etc.)

*Remember, that increases in pay/work hours may affect your benefits. And if you quit working that can also affect your entitlements. If you experience a change in wages, contact a benefits planner to learn more.*

Benefits planner contact information:

Your signature/date:

IPS specialist signature/date: Other signature/date: