

***Meeting the Needs
of Youth with Disabilities:***

***Examples of Students with Disabilities
Accessing SSI Work Incentives***

The Study Group, Inc.

***SSI Work Incentives and Transitioning Youth
and National Transition Network***

Institute on Community Integration (UAP)

University of Minnesota

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of Youth with Disabilities:*

*Examples of Students with Disabilities
Accessing SSI Work Incentives*

June 1999

Jointly developed by:

The Study Group, Inc.

SSI Work Incentives and Transitioning Youth Project

National Transition Network

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Strategies for Increasing the Use of SSI Work Incentives to Enhance Employment Results of Transitioning Youth with Disabilities

project (SSI Work Incentives and Transitioning Youth) was established October 1, 1997 through grant #H023D70303 from the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS).

SSI Work Incentives and Transitioning Youth is designed to assist school personnel, youth with disabilities and their families, IEP/transition team members, and adult service providers in understanding and utilizing SSI work incentives as part of the IEP/transition planning process. For further information on this project, please contact:

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Appendix A
PASS Application

Plan for Achieving Self-Support

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 SSN _____

Part I - Your Goal

A. What is your work goal? (Show the specific job you expect to have at the end of the plan. If you are undergoing vocational evaluation to determine a feasible goal, show "VR Evaluation." If your goal involves a supported employment position, show the amount of job coaching you expect to need after the plan is completed compared to the amount you currently receive or will receive when you begin working.)

B. Describe the duties you will be expected to perform in this job:

C. How much do you currently earn (gross) each month in wages or self- \$ /month employment income?

How much do you expect to earn each month (gross) after your plan is \$ /month completed?

How do you expect to find a job by the time your plan is completed?

D. If your goal involves self-employment, explain why you believe that operating your own business is more likely to result in self-support than if you worked for someone else.

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability?

B. Explain any limitations you have because of your disability (e.g., limited amount of standing or lifting, etc.)

C. List the types of jobs you have had most often in the past few years and those you have had which are similar to your work goal. Also show how long you worked (i.e., how many months or years) in each type of job.

Job Type

How long did you work?

D. Check the block which describes the highest educational level you have completed:

Elementary school

High school graduate or G.E.D

Some college

College graduate

Post graduate courses

Postgraduate degree

Trade or Vocational School

Other (Specify):

If you completed college, list your major and degree(s) attained; if you completed one or more courses in a trade or vocational school, list the trade(s) you learned:

E. Describe any other training you have received:

Part II (Continued)

F. Have you ever undergone a vocational evaluation? Yes No

If yes, show the name, address and phone number of the person or organization who conducted the evaluation:

G. Have you ever had a Plan for Achieving Self-Support before? Yes No

If yes, please answer the following:

When was your prior plan approved (month/year)?

When did it end (month/year)?

What was your goal in the prior plan?

Why did your prior plan not enable you to become self-supporting?

Why do you believe that this plan will be successful?

H. If someone is helping you prepare this plan, please give their name, address and telephone number:

Do you want us to contact the person who is helping you if we need additional information about your plan?

Yes No

Do you want us to send a copy of our decision on your plan to the person who is helping you?

Yes No

Part III - Your Plan

List the steps, in sequence, that you will take to reach the goal and show the dates you expect to begin and complete each step. Be sure to show when you expect to purchase the items or services listed in Part IV.

Step

Beginning Date

Completion Date

Part IV - Plan Expenditures and Disbursements

A. List the items or services you are buying or will need to buy in order to reach your goal. Be as specific as possible. Where applicable, include brand and model number of the item. (Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.) Explain why each is needed to reach your goal. Also explain why less expensive alternatives will not meet your needs. **Part III should show when you will purchase these items or services.**

1. Item/service: Cost: \$
Vendor/provider:
Why needed:

How will you pay for this item (e.g., onetime payment, monthly payments)?
How did you determine the cost?

2. Item/service: Cost: \$
Vendor/provider:
Why needed:

How will you pay for this item (e.g., onetime payment, monthly payments)?
How did you determine the cost?

3. Item/service: Cost: \$
Vendor/provider:
Why needed:

How will you pay for this item (e.g., onetime payment, monthly payments)?
How did you determine the cost?

4. Item/service: Cost: \$
Vendor/provider:
Why needed:

How will you pay for this item (e.g., onetime payment, monthly payments)?
How did you determine the cost?

5. Item/service: Cost: \$
Vendor/provider:
Why needed:

How will you pay for this item (e.g., onetime payment, monthly payments)?
How did you determine the cost?

Part IV (Continued)

B. If you propose to purchase, lease or rent a vehicle, please provide the following additional information:

1. Do you currently have a valid driver's license?

Yes No

If no, Part III must include the steps necessary to attain a driver's license.

2. Explain why alternate forms of transportation (e.g., public transportation, cabs, having friends or relatives drive you) will not allow you to reach your goal?

3. If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient.

4. If you are proposing to purchase a new vehicle, explain why purchasing a reliable used vehicle is not sufficient.

5. Explain why you chose the particular vehicle rather than a less expensive model.

C. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or purchase of less expensive equipment) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs.

D. If you indicated in Part II that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting.

Part V - Income/Resource Exclusion

- A. List any items you already own (e.g., equipment or property) which you will use to reach your goal. Show the value of each item and explain why you need each of the items to attain your goal.
- B. What money do you already have saved to pay for the expenses listed in Part IV? (Include cash on hand or money in a bank account)?
- C. Other than the earnings shown in Part I, what income do you receive (or expect to receive)? (Show how much you receive and how frequently you receive or expect to receive it.)
- D. How much of this money will you use each month to pay for the expenses listed in Part IV?
- E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal?
 Yes No

If yes, explain how you will keep the money separate from other money you have. (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.):

- F. What are your current living expenses each month (e.g., rent, food, utilities, etc.)? \$
If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is less than your current living expenses, explain how you will pay for those living expenses.
- G. Do you expect any other person or organization (e.g., Vocational Rehabilitation) to pay for or reimburse you for any part of the items and services listed in Part IV or to provide any other items or services you will need?
 Yes No

If yes, please provide details as follows:

Who will pay?	Item/service	Amount	When will the item or service be purchased?
----------------------	---------------------	---------------	--

Part VI - Remarks

Part VII - Agreement

If my plan is approved, I agree to:

- Comply with all of the terms and conditions of the plan as approved by the Social Security Administration (SSA);
- Report any changes in my plan **to SSA** immediately;
- Keep records and receipts of all expenditures I make under the plan until the next review of my plan at which time I will provide them to SSA;
- Use the income or resources set aside under the plan **only** to buy the items or services approved by SSA.

I realize that if I do not comply with the terms of the plan or if I use the income or resources set aside under my plan for any other purpose, SSA will count the income or resources that were excluded and I may have to repay the additional SSI I received. I also realize that SSA may not approve any expenditures for which I do not submit receipts or other proof of payment.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State Law. I affirm that all the information I have given on this form is true.

Signature

Date

Privacy Act Statement

The Social Security Administration is allowed to collect the information on this form under section 1631(e) of the Social Security Act. We need this information to determine if we can approve your plan for achieving self-support. Giving us this information is voluntary. However, without it, we may not be able to approve your plan. Social Security will not use the information for any other purpose.

We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your Congressional Representative or Senator needs the information to answer questions you ask them.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Time it Takes to Complete this Form

We estimate that it will take you about 45 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.

Receipt for Your Plan For Achieving Self-Support

We received the plan for achieving self-support which you submitted. We will process your plan as soon as possible.

You should hear from us within _____ days. We will send you a letter telling you if your plan is approved. We will notify you if we need additional information before making a decision on your plan. We may ask you to modify your plan.

Your Reporting and Record keeping Responsibilities

If we approve your plan, you must tell Social Security about any changes to your plan. You must tell us if:

- Your medical condition improves.
- You are unable to follow your plan.
- You decide not to pursue your goal or decide to pursue a different goal.
- You decide that you do not need to pay for any of the expenses you listed in your plan.
- Someone else pays for any of your plan expenses.
- You use the income or resources we exclude for a purpose other than the expenses specified in your plan.
- There are any other changes to your plan.

You must tell us about any of these things within 10 days following the month in which it happens. If you do not report any of these things, we may stop your plan.

You should also tell us if you decide that you need to pay for other expenses not listed in your plan in order to reach your goal. We may be able to modify your plan or change the amount of income we exclude so you can pay for the additional expenses.

You must keep receipts or cancelled checks to show what expenses you paid for as part of the plan. You need to keep these receipts or cancelled checks until we contact you to find out if you are still following your plan. When we contact you, we will ask to see the receipts or cancelled checks. If you are not following the plan, you may have to pay back the some or all of the SSI you received.

Appendix B
Helpful Hints for Completing a PASS Application

Helpful Hints for Completing a PASS Application

*The following is excerpted with permission from *Helpful Hints: How to Fill out a Winning PASS*, by Jaimie Cuilla Timmons and Steven M. Graham, published by the Institute for Community Inclusion, Division of General Pediatrics, Children's Hospital, Boston, MA.*

- A vocational evaluation is an important document to include to support your PASS application. In addition, include a letter from the certified rehabilitation counselor who conducted the assessment stating that you are likely to reach your work goal. Including this letter with your PASS application will help your plan start more quickly.

Helpful hints for the first question on your PASS application

- Make sure that the work goal you write down is as specific as possible.
- If a teacher or job coach helps you with your work, your goal may be to decrease the number of hours of help you receive. If this is your goal, be careful to write down the specific number of hours of help you receive now, and the specific number you expect to receive when the PASS is completed. For example, your goal could say: "I will decrease the number of hours I receive help at work from a job coach from 15 per week to 5 per week."
- Your work goal cannot be a college degree or finishing a training program. Your goal must be getting a new job or decreasing the help that you receive at your current job. The PASS could allow you to set aside money for school, but your goal needs to be the job you will get when you leave school.

Helpful hints for Part III of the PASS application

- Each step of the PASS must have realistic dates.
- You may list as many steps as you need to reach your goal.
- There is no time limit for completing your PASS. If your plan is longer than 18 months, however, the Social Security Administration will review it every 18 months and reapprove it if everything is ok.

Helpful hint for Part IV of the application

- If you need to purchase something as part of your PASS (such as special tools or a computer), include a flier, newspaper ad, or a page from a catalog showing how much the item you need costs. Also provide information on how much the item costs when purchased through several different vendors, thus showing SSA that you did some comparison shopping before deciding on the specific item or service. If you are using your PASS to pay for a job coach, include a letter from the job coach.

Final hints

- The Social Security Administration will want proof that you finish each of the steps in your PASS. Make sure to keep careful records of finishing each step, and keep all receipts for the money you spend for the plan.
- If somebody gets your SSI check in their name (a representative payee), they must also sign your application.
- If you are unable to complete any of the steps to your work goal or if you need to make any change to your PASS, you must call your local Social Security Field Office right away. If you do not call them, you may need to give money back to the Social Security Administration.
- If you have a PASS and decide that you do not want to complete the plan, you must end the plan by calling your local Social Security Field Office. After ending the plan, you may apply for a new one. This will involve getting another vocational assessment.
- You should call your local Social Security Field Office with any questions you have about applying for a PASS or about keeping a PASS.
- For more information on the PASS, call the Social Security Administration at 1-800-772-1213 to find the local field office nearest you. Also ask them to send you a booklet called *Working While Disabled, A Guide to Plans for Achieving Self-Support* (SSA publication No. 05-111017). This booklet is free of charge and will tell you more about PASS.

Appendix C

Tools Used by SSA to Assist them In Processing SSI Work Incentive Applications

- **Program Operation Management System (POMS):** Guides the implementation of the SSI work incentive program for SSA field workers.
- **SSA Initial PASS Checklist:** Provides guidance to SSI field offices for following the Program Operations Management System (POMS).
- **Consent for Release of Information:** Enables the applicant to obtain relevant information from SSA for an application.

PROGRAM OPERATIONS MANAGEMENT SYSTEM FOR THE PASS

Self Support

1. Self-support is the capacity to provide for ones own welfare
2. The PASS is expected to increase the prospect for self-support and increased earnings
3. Increased self-support is measured in terms of higher earnings
4. Higher earnings may exist while working in the same job
5. PASS assists in acquisition of skills needed to compete with an able bodied person

Likely PASS Candidates

6. They are receiving education or training
7. They are working or seeking work
8. They have income to set aside
9. They require additional services

Occupational Objectives

10. A feasible occupational goal must be specific
11. Vocational Rehabilitation evaluations are considered goals
12. Completion of training is not an occupational objective
13. Purchase of transportation is not an objective
14. Plans should be as descriptive as possible about occupational goals
15. Occupational objectives should be feasible as measured by history, education and training
16. Goals should be met during the life of the PASS
17. Development of basic living skills is not a PASS objective
18. There is a specific time period to reach a goal
19. Entry level positions reflect the initial rung of the career ladder

The Plan

20. The plan is composed of milestones that depict progress toward job goals
21. The plan should specify beginning and ending dates

Supported Employment

22. Working longer with fewer supports is a worthy goal
23. Levels of performance should be quantified for supported employment
24. Supported employment goals can be stabilization
25. Supported Employment goals can be increased income
26. Stabilization indicates that supported employment is complete
27. Supported employment goals can be decreased costs for ongoing supports for work

Supported Employment Job Coaches

28. Only actual job coaching service are allowed
29. The VR or the employer may have to verify the need for a job coach
30. The VR or employer may have to verify the chances for reducing hours of job coaching
31. A reasonable wage for a job coach is what the VR pays
32. Job coaches provide training and support services that may include task analysis and supervisor liaisons

Expenditures and Disbursements

33. Planned expenditures are costs incurred for services necessary to meet job goals
34. Services must be paid by set aside resources or income
35. Expenses incurred after attaining a goal are not covered by a PASS
36. Level of performance of an objective may be related to an allowable expense
37. Approval of some services may be contingent upon success of milestones
38. There is indication of specific savings and planned disbursements toward meeting occupational goals
39. Ongoing installment payments are not allowable PASS expenses

Income/Exclusions under the PASS

40. One must have income other than SSI that can be set aside for the PASS
41. Set aside resources are excluded from countable income
42. Set asides are used to pay for an expense
43. Set asides must be identifiable from other funds
44. Set asides can not exceed planned expenditures
45. Resources are excluded when they are set aside for expenditures
46. The PASS enables income set asides which otherwise would affect SSI payment amount
47. One can set aside resource in excess to \$2000 through a PASS

Vocational Rehabilitation Evaluation

48. The VR evaluation is a study of the individual to determine appropriate services
49. In a VR evaluation, PASSes 1st the duration of the diagnostic study
50. PASS plans must be amended at the end of the VR evaluation period to plan a specific work goal

Starting A PASS and PASS Approval

51. A PASS starts when SSA receives the plan
52. PASSes can initially be approved up to 18 months
53. PASS extensions can be made up to 48 months

Businesses

54. A business plan is a detailed outline that explains the proposed business
55. Third parties may be required to evaluate business plans
56. Components of a business plan are a) principal activities; b) start up; c) market research; d) pricing mechanism; e) advertising plans; f) personal functions
57. Expenses must reflect start up costs
58. Start up costs must be included
59. Only necessary and reasonable expenses to get started can be counted

Initial PASS Checklist

Yes No

I. Goal

- | | | |
|---|--------------------------|--------------------------|
| A. Is the goal a specific occupation or “VR Evaluation?” | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the individual have a reasonable chance of achieving the goal? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. If successful, will the goal result in sufficient earned income to significantly reduce/eliminate SSI or eliminate Title II? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If A, B, or C are answered “No,” the PASS must be modified (or denied if modification not appropriate).

- | | | |
|--|--------------------------|--------------------------|
| D. Was a personal contact made with the individual to ensure an understanding of PASS purpose and rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does the plan specify the <i>total</i> time necessary to reach the goal? | <input type="checkbox"/> | <input type="checkbox"/> |

II. PASS Expenses

- | | | |
|--|--------------------------|--------------------------|
| A. Are all expenses directly related to achieving the goal? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have less expensive alternatives been considered? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all expenses reasonable? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Does the individual have sufficient income to pay PASS expenses and normal living expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are PASS funds being kept separate from other funds? | <input type="checkbox"/> | <input type="checkbox"/> |

III. Third Party Involvement

- | | | |
|---|--------------------------|--------------------------|
| A. If a PASS development fee was charged, does the plan provide details on: | | |
| 1. the specific services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the number of hours spent by the third party on each service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. the hourly rate charged by the third party? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the hourly rate reasonable for the local area? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is there a completed and signed SSA-3288 in file? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Decision

- | | | |
|--|--------------------------|--------------------------|
| A. Is the PASS signed? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If appropriate, was the individual given the opportunity to modify the PASS? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have the proper notices been sent (including copies to a representative payee, an authorized representative or any other person/organization authorized by the individual to receive the notice)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has the income/resource exclusion been posted on the SSR? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has the CG field been annotated for a resource exclusion? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the SU diary been posted for 12 months <i>or less</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Has a copy of all PASS material (i.e., plan, addenda, documentation and notice(s)) been placed in FO PASS file? | <input type="checkbox"/> | <input type="checkbox"/> |

Social Security Administration
Consent for Release of Information

To: Social Security Administration

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- _____ Social Security Number
- _____ Identifying information (includes date and place of birth, parents' names)
- _____ Monthly Social Security benefit amount
- _____ Monthly Supplemental Security Income payment amount
- _____ Information about benefits/payments I received from _____ to _____
- _____ Information about my Medicare claim/coverage from _____ to _____
(specify)_____
- _____ Medical records
- _____ Record(s) from my file (specify)_____
- _____ Other (specify)_____

I am the individual to whom the information/record applies of that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(signature, names, and addresses of two people if signed by mark.)

Date: _____ **Relationship** _____

Appendix D

*Letters of Support Accompanying
PASS Application*

- Sample Advocate for the Applicant Letter
- Sample Applicant Letter

Advocate for the Applicant Letter

June 8, 1999

Social Security Administration
Supplemental Security Income Division
2645 Riva Road
Shadyside, Maryland 21056

Attention: Joan Duckett

Re: Susan MacGregor
SSN: 345 23 4567

Dear Ms. Duckett,

I am a transition specialist with the Butler County Schools of Cumberland, Maryland and represent Ms. Susan MacGregor. Enclosed please find the following documents in support of her Plan for Achieving Self Support (PASS).

- Completed PASS application (form SSA-515)
- Letter of Susan MacGregor
- SSI application of Susan MacGregor
- Provisional letter of acceptance from Saverna Park University

Ms. MacGregor plans to use her PASS to save for her B.S. from Saverna Park University to become a certified teacher in the state of Maryland as an elementary school teacher. Her goal to become an elementary school teacher seems viable and feasible because she has a good high school academic record, with better than average SAT scores, has had successful teaching experiences in reading, and she has a strong interest in the area of teacher education. Furthermore, her abilities and aptitudes for teaching are commensurate with her vocational evaluation.

I believe that the proposed PASS, as written, should be approved under the current Program Operations Management System (POMS) criteria. Please do not hesitate to call me at (443) 677-9087.

Sincerely yours,

Lynne Doe
Special Education Transition Specialist

Applicant Letter

June 8, 1999

Social Security Administration
Supplemental Security Income Division
2645 Riva Road
Shadyside, Maryland 21056

Attention: Joan Duckett

Dear Ms. Duckett,

This letter is in support of my proposed Plan for Achieving Self Support (PASS).

I am currently 19 years old and am a recipient of Supplemental Security Income (SSI) benefits. I will be graduating from Shadyside High School in June and have been accepted as a student at Saverna Park University and plan to become an elementary school teacher. I have been awarded a federal Pell grant and Educational Opportunity grant that will cover the cost of tuition and fees. In addition, I have been advised that I can participate in the Federal Work-Study Program for 20 hours per week and earn at least minimum wage. With this education, I hope to find work as an elementary education teacher and eliminate my need for SSI.

I plan to use my PASS to pay for my textbooks and transportation to and from the University. I will finance my PASS with money that I have saved, which is deposited in a special bank account, and the income from my university work-study job.

Sincerely yours,

Susan MacGregor

Appendix E

Definitions of SSI Related Terms

- In-Kind Support and Maintenance
- One-Third Reduction Rule
- Pro Rata Share

Definitions of SSI Related Terms

In some of the work incentives examples provided in this publication, the following terms are used in calculating the individual's monthly SSI benefit rate:

- **In-Kind Support and Maintenance:** *PASS Example 4 (Emily); and IRWE Example #1 (Sandra)*. This term means unearned income in the form of food, clothing or shelter that is given to an individual or that individual receives because someone else pays for it. Shelter includes room, rent, mortgage payments, real estate property taxes, heating fuel, gas, electricity, water, and sewage and garbage collection service. An individual is not receiving in-kind support and maintenance in the form of room or rent if he or she is paying the amount charged under a business arrangement.
- **One-Third Reduction Rule:** Instead of determining the actual value of in-kind support and maintenance, an amount equal to one-third of the federal benefit rate (FBR) is considered to be the value of the in-kind support and maintenance. For 1999, the FBR is \$500 per month, so if an individual's monthly benefit rate is based on the 1/3 reduction rule, they would receive a monthly SSI benefit rate of \$334. The 1/3 reduction rule applies when an individual lives in another person's household and receives from them both food and shelter. The 1/3 reduction rule is used in *PASS Example #4 (Emily)* and *IRWE Example #1 (Sandra)* in determining the monthly SSI benefit rate.
- **Pro Rata Share:** The pro rata share of household operating expenses is determined by dividing the average monthly operating expenses by the number of people living in the household, regardless of their ages. In *IRWE Example #3, Berinda* lives with her mother and younger brother, but she receives the full FBR of \$500 because she pays the monthly *pro rata share* of household expenses.

Appendix F

***Calculations of SSI Benefit Rates and
Expendable Income as a Result of
SSI Work Incentives***

- Announcement regarding new SGA
- Calculation for a PASS Utilizing the 1/3 Reduction Rule to Determine Monthly SSI Benefit Rate
- Comparison of Monthly SSI Benefit Rate *With* and *Without* a PASS
- Comparison of Spendable Income When Using A PASS versus an IRWE for Transportation Costs

SGA Increases to \$700!

Effective **July 1, 1999**, Social Security's Substantial Gainful Activity (SGA) level will increase from \$500 per month to **\$700 per month**. This change applies to people with disabilities, other than blindness, who are receiving Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) benefits.

Calculation for a PASS Using the 1/3 Reduction Rule to Determine Monthly SSI Benefit Rate

Jane receives SSI and will soon begin a new job earning \$595.00 per month. Because Jane has a full in-kind support reduction, she currently receives \$334 (2/3 of the full FBR of \$500) in SSI benefits each month. Jane will need job coaching support for her new job and intends to pay \$405.67 per month for these services under a PASS. The following calculations shows how her SSI check will be affected given (1) her earnings; (2) PASS deduction, and (3) in-kind support reduction. Jane pays \$71.67 out of pocket for her PASS. That is—**\$405.67 (PASS) - \$334.00 (monthly SSI benefit) = \$71.67.**

\$595.00	Gross wages
<u>-85.00</u>	general and earned income exclusions
\$510.00	Divide this amount by 2
<u>/2</u>	
255.00	Total countable income
<u>-405.67</u>	PASS
0.00	SSI countable income
\$334.00	SSI monthly benefit rate (based on 1/3 reduction rule)
+595.00	Earned income
<u>-405.67</u>	PASS
\$523.33	Total expendable income

Comparison of Monthly SSI Benefit Rate *With* and *Without* a PASS

SSI Benefit Rate *With* a \$244 Per Month PASS Set Aside

\$658.00	Monthly gross wages
-85.00	general and earned income exclusions
\$573.00	Divide this amount by 2
<u>/2</u>	
286.50	Total countable income
-244.00	PASS
\$42.50	SSI countable income
\$500.00	Federal benefit rate (1999)
-42.50	SSI countable income
\$457.50	Adjusted SSI benefit rate

SSI Benefit Rate *Without* a PASS

\$658.00	Monthly gross wages
-85.00	general and earned income exclusions
\$573.00	Divide this amount by 2
<u>/2</u>	
286.50	SSI countable income
\$500.00	Federal benefit rate (1999)
-286.50	SSI countable income
\$213.50	Adjusted SSI benefit rate

Note the dollar difference between the two calculations with regard to “Revised SSI countable income,” and “Adjusted SSI benefit rate.” The PASS incentive lowers the SSI countable income, thus increasing the monthly SSI benefit rate.

Comparison of Spendable Income When Using A PASS versus an IRWE for Transportation Costs

Using a PASS Incentive for Transportation Costs

\$300.00	Gross wages
<u>-85.00</u>	general and earned income exclusions
\$215.00	Divide this amount by 2
<u>/2</u>	
107.50	Total countable income
<u>-100.00</u>	PASS for transportation
7.50	SSI countable income
\$500.00	Federal benefit rate (1999)
<u>-7.50</u>	Total countable income
492.50	Adjusted SSI benefit rate
300.00	Gross wages
+492.50	SSI monthly benefit
<u>-100.00</u>	PASS for transportation
\$692.50	Total expendable income

Using an IRWE Incentive for Transportation Costs

\$300.00	Gross wages
<u>-85.00</u>	general and earned income exclusions
\$215.00	Countable income
<u>-100.00</u>	IRWE for transportation
115.00	Divide this amount by 2
<u>/2</u>	
57.50	SSI countable income
\$500.00	Federal benefit rate (1999)
<u>-57.50</u>	Total countable income
442.50	Adjusted SSI benefit rate
300.00	Gross wages
+442.50	SSI monthly benefit
<u>-100.00</u>	IRWE for transportation
\$642.50	Total expendable income

In both calculations, the dollar amounts to pay attention to are those in the “Adjusted SSI benefit rate,” and “total expendable income” columns. Also note, using a PASS to finance transportation costs results in 100% reimbursement of transportation costs incurred. A 50% reimbursement is realized when using an IRWE incentive.

Appendix G
PASS Cadres

PASS Cadres

Following is a listing of area PASS cadres. For specific information about the PASS work incentive, call your area's PASS cadre.

PASS Cadre	Toll-Free Telephone Number	Local Telephone Number
Anaheim, CA	800-551-1507	714-502-9233
Birmingham, AL	800-254-9489	205-801-4444
Boston, MA	800-297-4291	617-565-8906 ext. 3066, 3064, or 3065
Carmichael, CA	888-383-1862	916-338-3705 ext. 3210 or 3212
Cheektowaga, NY	800-510-5680	716-685-8039
Chicago, IL	800-842-0588	312-575-5970 or 5969
Chico, CA	800-551-1762	530-345-9788
Cincinnati, OH	888-674-6249	513-821-9424 ext. 3008 or 3009
Denver, CO	800-551-1034	303-235-0511 or 0637
Fort Worth, TX	888-287-7845	817-978-1772 ext. 3642 or 3471
New York, NY	800-551-9583	212-264-3344 ext. 4045 or 4046
Kansas City, KS	800-551-9289	913-621-3014
Lakewood, OH	800-551-2056	216-228-2926 ext. 224 or 226
St. Paul, MN	800-551-9796	612-290-0304 ext. 3061, 3074 or 3018
Salinas, CA	877-361-4796	831-443-9195 ext. 220
San Diego, CA	888-674-6250	619-557-6605
San Francisco, CA	877-612-8474	415-744-5773 ext. 3242
Seattle, WA	888-674-6251	206-615-2131 or 2627
Towson, MD	800-551-9305	410-825-4002 ext. 239, 240, or 241

Growing up isn't easy! Teenage years are often a struggle for identity, autonomy, and freedom. This is no different for youth with disabilities, even youth with severe cognitive disabilities.. They talk about having a girl friend or boy friend, going out on Saturday night, getting a good job, going to college, and living on their own. The disability does not change the normal adolescent expectation and need to feel competent, a sense of belonging, and a desire to give back to their community in some way. A frequent priority for teens is how to make money so that they have more choices. Jobs bring money, money brings social opportunities and social opportunities bring friendships and intimacies. These are the pieces that bring quality of life to most young adults.

For young adults with disabilities there may be additional challenges that must be faced in order to reach their goals. That is the purpose of transition. Special education is a mandated service for children and young adults with disabilities. At age 14 or 16, transition planning begins by identifying the young person's future goals. What do I want to be when I grow up? Where do I want to live when I move out? Do I want a husband or wife and children? Where can I go for fun and relaxation or just to be quiet and rest? The transition IEP addresses these questions. The assessment includes informal talks with youth and their families to find out what their dreams and fears are for the future. It also includes discussion on how the disability may affect their ability to attain those dreams, and how to identify all the supports available both from formal adult agencies and from others, such as family, friends, and neighbors.

The agencies that are typically invited to the transition IEP meetings include:

- **County social services** (if the teen has a developmental disability or mental illness): They will assist in finding a place to live, with support staff if needed. This would come through a waiver, which could also be used for providing a companion to get out in the community. They can also help find transportation and a job coach or day programming through a Day Treatment and Habilitation Center or in the community. They will help with food stamps and general assistance when needed.
- **Rehabilitation services (RS)**: Rehabilitation services provides vocational assessment, job training and help in finding and keeping a job.
- **Community services**: The community may have transportation specialists or recreation specialists who might attend an IEP meeting to discuss joining the YWCA or attending a community education class.

These are examples of who may be invited to participate in IEP meetings. The purpose of the IEP meeting is to identify the youth's future goals and then decide how to make it possible for them to realize these goals.

Local SSA representatives have not typically been part of the IEP transition team. Some individual teachers, county social workers or rehabilitation counselors ask: *Have you applied for SSI/MA? or Do you know about conservatorship/guardianship?* For youth with disabilities, SSI/SSDI/MA (medical assistance) and the work incentives may be extremely important in order for them to reach their dreams and eliminate their fears. SSI cash assistance can help them get started on a job training or career search program. MA will supply health insurance. MA or the waiver can fund a personal care attendant or waived staff person to support personal care and getting around in the community.

Although there is evidence of increased interest in incorporating SSI work incentives into the IEP/transition plan of students with disabilities, work incentives remain an underutilized resource. In general, transition planning for any student who is receiving or eligible to receive SSI benefits should include consideration of SSI work incentives. Often SSI work incentives are not considered because students, parents, school personnel, and other IEP/transition team members are not familiar with them. Even those familiar with the work incentives sometimes find them confusing and the application process intimidating.

In *Meeting the Needs of Youth With Disabilities: Handbook on Supplemental Security Income*, published by the Institute on Community Integration (UAP), University of Minnesota, October 1998, we provided an overview of SSI program eligibility requirements, SSI work incentives, and the role of school personnel in accessing SSI program benefits, including work incentives. This publication, written as a companion piece to the Handbook, builds on the Handbook's exploration of SSI work incentives by providing detailed examples illustrating the process of applying for SSI work incentives, and demonstrating how students with disabilities can benefit from them when utilized during the transition planning process.

Meeting the Needs of Youth with Disabilities: Examples of Students with Disabilities Accessing SSI Work Incentives, focuses on two of the SSI work incentives—Plan for Achieving Self-support (PASS) and Impairment-related Work Expense (IRWE). The PASS provides students with a mechanism for maintaining SSI eligibility while moving toward a career goal by acquiring the necessary training and/or support required to reach that goal. The IRWE provides ongoing support required to maintain employment.

Four examples are provided for the PASS incentive, and three examples are provided for the IRWE incentive. We have attempted to make the examples complete, detailed, and realistic. The PASS examples include a narrative and a completed PASS application form. IRWE examples are presented in narrative format along with calculations that demonstrate how the IRWE incentive will affect the student's SSI benefit rate and earned income. It is our belief that these two publications will be most helpful when used together—the *Handbook* describing the SSI program and its work incentives, and *Examples* providing a template for applying for and securing a PASS or IRWE incentive.

The PASS and IRWE incentives facilitate self-determination and extend beyond secondary transition programs to community participation and employment. We hope that this publication, combined with the earlier *Handbook*, increases the understanding of students, parents, school personnel, and all those involved in the transition planning process of how work incentives may be applied during the transition planning process.

How are PASSes and IRWEs Similar?

SSI work incentives are intended to give SSI recipients the support they need to move from benefit dependency to increased self-sufficiency. Both the PASS and IRWE allow youth with disabilities who are working as part of their school program or are transitioning to a job at the completion of school to:

- Increase their income while maintaining needed SSI cash benefits.
- Offset expenses as a result of their work.
- Expand current and future opportunities for many students with disabilities when accessed during the transition process.

To qualify for both incentives, the student must first be receiving or eligible to receive SSI cash benefits, working, and submit proof to the SSA that they have monies other than their SSI benefits to finance the service, training, or device for which they are using the work incentive.

How are PASSes and IRWEs Different?

•**PASS Incentive:** The PASS allows the student receiving SSI benefits to set aside income, *other than SSI cash benefits*, and/or resources for a specified period of time to acquire training, support, or services necessary to achieve a vocational goal. When writing a PASS, the student must demonstrate the need for the PASS and its financial feasibility (i.e., increase earnings). The PASS is similar to the IEP/transition plan in that it establishes job-related goals and objectives. Because of this similarity it is possible and desirable to incorporate a PASS into the student's IEP/transition plan. Many transition-age students with disabilities can qualify for a PASS. The most likely candidates for a PASS are students who:

- Are currently receiving SSI benefits.
- Want to work and have work goals in their IEP/transition plan.
- Plan to complete postsecondary education or training or start their own business.

Once established, the student must follow his/her PASS and negotiate revisions with SSA as needed. The process of applying for a PASS is more involved than that of applying for an IRWE. Thus, the PASS examples in this publication will include more information than the IRWE examples.

•**IRWE Incentive:** Once an individual has acquired a job, an IRWE incentive can be utilized to assist him/her in keeping their job. The IRWE incentive allows an individual with disabilities to deduct certain impairment-related items and/or services from their gross earnings. Several services or pieces of equipment, or a combination, can be included on one IRWE. The equipment or services must be directly related to the individual's disability and necessary for him/her to perform job tasks. Whereas the PASS incentive is time-limited, individuals with disabilities may rely on IRWE incentives throughout their entire lives.

The process of applying for an IRWE incentive is straightforward. Upon either calling or visiting the local SSA office, the student will be asked to submit proof that they have paid for the equipment or services for which they are requesting an IRWE (i.e., receipts, cancelled checks). In addition, the student will be asked to verify that the expenses incurred are related to his/her disability and necessary to perform job tasks (i.e., letter from job coach or employer). The student must pay for the services or equipment during the time that he or she is actually using this at the job.

In summary, the PASS and IRWE incentives are similar in that they both provide a means for a student with disabilities to increase their income while maintaining their SSI cash benefits. The primary difference between the two incentives is that one, the PASS, is used to obtain a desired job goal, and the other, the IRWE for maintaining employment. It is possible that a student with disabilities who had a PASS as part of their IEP/transition plan, would utilize an IRWE incentive upon fulfilling the employment goals of their PASS. When accessing these work incentives during the transition process, they can increase current and future job opportunities for students with disabilities, thus moving them toward greater self-sufficiency.

Plan for Achieving Self-Support (PASS)

In this section . . .

- . . . Overview of the PASS
- . . . Example 1: Paul (A PASS for transportation to and from work)
- . . . Example 2: Sam (A PASS for training to use assistive technology)
- . . . Example 3: Madeline (A PASS to purchase a car equipped with emergency vehicle detector)
- . . . Example 4: Emily (A PASS for job coaching services)

A plan for achieving self-support (PASS) allows a person with a disability to set aside income, *other than SSI cash benefits*, and/or resources for a specified period of time for a work goal. For example, a person may set aside money for postsecondary education, the purchase of job coaching support, personal transportation, job-related equipment, or to start a business. The income and/or resources set aside in a PASS do not count in determining SSI benefits. The basic requirements for a PASS include:

- A feasible and reasonable occupational goal.
- A defined timetable.
- The need for income or resources, other than SSI benefits, to be set aside.
- An explanation of expenditures to be covered by the set-aside funds.

A PASS incentive can be used to support a number of expenses related to employment goals, including:

- Tuition, fees, books, and supplies for school or training programs.
- Supported employment services, including a job coach.
- Attendant care.
- Equipment and tools needed to work.
- Transportation.

A PASS incentive must:

- Be specifically designed for the individual with a disability.
- Be in writing.
- Have a specific career goal which the individual is capable of achieving.
- Have a specific time frame for reaching the goal.
- Show what money or other resources the individual will use to reach the goal.
- Show how the money and resources will be used.
- Show how the money set aside in the PASS will be kept separate from other funds, i.e., a separate bank account.
- Be approved by the SSA.
- Be reviewed periodically to assure compliance.

Income and resources that are set aside in a PASS are excluded under the SSI income and resources tests. Any transition student who receives SSI benefits or could qualify for them, can have a PASS. A student, for example, whose income exceeds SSI requirements, may develop a PASS to maintain his or her SSI eligibility while pursuing work goals.

To receive a PASS an individual must complete a PASS application (*Appendix A*) and submit it to the SSA office. Each PASS is reviewed for approval by the local PASS cadre. This process can take up to three months to complete. Anyone may help a student develop a PASS, including special education teachers and other school personnel, vocational counselors, social workers, employers, independent living center staff and private PASS vendors. A distinct advantage of a PASS is that it allows the student to be proactive in securing necessary training, support, or services to enhance employment opportunities.

Paul is 22 years old and lives in a semi-rural community with his parents. He pays his monthly share of household operating expenses. This amount, which is reflected in the amount Paul pays monthly for rent and food, is called the “pro rata share” (see *Appendix E*). SSA defines this as follows: “A *pro rata share* of household expenses is the average monthly operating expenses divided by the number of people in the household, regardless of their ages.” This still allows him to receive the full monthly SSI federal benefit rate of \$500.

During his elementary school years, Paul was in special education classes. He continued in special education classes through high school and participated in some regular education classes and community-based instruction. He exited high school at age 21.

Paul has a cognitive disability (I.Q. of 49). He works very effectively in highly structured settings, and persists in learning new tasks and seeing them through to completion. He has moderate mental retardation and has some difficulty with his speech, learning new tasks, and following directions. Paul responds well to supervision and likes working and interacting with people. He has a sight vocabulary of approximately 100 words and can add two numbers of no more than two digits.

Based on his vocational evaluation and teacher reports of his classroom performance, Paul’s IEP during middle school years stressed improvement of verbal communication through speech therapy, development of social skills, and improvement of his perceptual abilities.

Beginning at age 14, he was in a transition program that included work experiences. To help prepare him for work in the community, Paul helped out in the school cafeteria, washing tables and loading the dishwasher. He did well and enjoyed performing the tasks and liked the work setting. During his third year in this program, he completed another vocational evaluation. Evaluation results confirmed that Paul persists in learning a task, and once learned, he works at a steady pace to task completion. The evaluation indicated that Paul had poor literal comprehension making it difficult for him to follow specific directions.

Based on the results of Paul’s transition assessments and vocational evaluation, Paul and the IEP/transition team decided that his IEP should continue to focus on vocational work experiences that were based on his interests, abilities, and needs. Paul likes being around people and is friendly. Working in a cafeteria would give him the opportunity to interact with customers and co-workers. A work experience with food services in the local K-Mart cafeteria was built into his IEP. This work experience began when Paul was 17. Paul’s IEP goal for his K-Mart job was: *I will increase my seeking, securing, and maintaining employment from occasionally helping out in the school cafeteria to 6 months of working in the K-Mart cafeteria.*

Short-term objectives for meeting his goal were:

- I will demonstrate knowledge of removing dishes and silverware from the tables, washing tabletops, and performing other tasks in response to verbal and written instructions with 50% accuracy and speed as reported by my supervisor.
- I will demonstrate the ability to work with others by completing additional kitchen work, such as placing dishes in dishwasher, three times a week with minimal supervision from others as reported by my supervisor.
- I will receive a satisfactory evaluation from my job coach and work supervisor.
- I will apply for SSI/benefits (activity).

North River High School provided a job coach for Paul during his training at K-Mart, with the hope that once the training was completed Paul would be placed in a permanent job. SSA determined that Paul was eligible to receive SSI cash assistance.

Just before Paul exited school, K-Mart went through renovation, which included downsizing their cafeteria operations and expanding other departments. Paul was

Attainment Feasibility of Paul’s Job Goal . . .

. . . Based on Paul’s ability to efficiently perform the repetitive tasks required by his job in the K-Mart cafeteria, his supervisor considered him to be a viable candidate for permanent employment in the shoe department. His supervisor noted this and other favorable comments on Paul’s three-month performance review. Paul’s supervisor in the cafeteria gave him a favorable review. The tasks in this job are also repetitive in nature. In addition, Paul’s vocational evaluation confirmed that he possessed the skills and perceptual discrimination to perform the tasks required by the job in the shoe department.

Economic Feasibility of Paul’s Job Goal . . .

. . . Upon completion of his job training, Paul would increase his earnings from \$300 per month as a part-time employee in training to \$600 per month as a permanent employee at K-Mart. In addition, the skills he would learn through training would increase his future employability.

Conditions that warrant need for a PASS . . .

. . . Just before Paul exited school, K-Mart went through renovation, which included downsizing their cafeteria operations and expanding other departments. Paul had an opportunity for a job in the shoe department. However, there was no public transportation available to K-Mart, which was located approximately 15 miles from Paul's house. But, the county in which Paul lived had a transportation system available for persons with disabilities that would be able to provide Paul with transportation to and from K-Mart.

Paul's monthly living expenses . . .

Item	Amount
Rent	\$ 250.00
Food	165.00
Clothing	25.00
Transportation	65.00
Health costs	30.00
Miscellaneous	30.00
Total	\$ 565.00

offered a job in K-Mart's shoe department, working more hours and making more money. This job would require Paul to learn a new set of skills. However, because Paul learned new tasks at slower rates than individuals without disabilities, he would need a job coach to assist him in learning the skills necessary for working in the shoe department at K-Mart. Paul would exit school before his training as a shoe processor was completed. County Social Services, Rehabilitation Services, adult service providers, and Paul's teachers met with Paul and his family to develop a plan for Paul after he leaves school.

The county social worker arranged for long-term funding for job coaching services for Paul. The duties Paul would be expected to perform in his new job were:

- Remove shoes from the truck.
- Sort shoes.
- Label shoes.
- Deliver shoes to the retail area for display by another worker.

Successful attainment and retention of these skills would allow Paul to keep his position in the shoe department at K-Mart, with the possibility of working more hours and earning more money.

Initially, Paul would work three days per week, five hours per day in the K-Mart shoe department, and would earn \$300 per month. However, there was no public transportation available to K-Mart, which was located approximately 15 miles from Paul's house. Fortunately, the county in which Paul lived had a transportation system available for persons with disabilities that would be able to provide Paul with transportation to and from K-Mart. The cost of this service for Paul would be \$10 per day, or \$30 per week.

To finance Paul's transportation to and from work, his Rehabilitation Services counselor helped Paul and his family write and obtain SSA approval for a PASS. The duration of Paul's PASS was six months. Paul's PASS goal follows:

I will improve my job efficiency and stabilize my job performance so that I may obtain permanent employee status in the shoe department at K-Mart.

If Paul likes his job in the K-Mart shoe department and is successful in learning and performing the required tasks, he will obtain a supported living situation, by the time his PASS is completed, close enough to his job so he can walk to work.

At the inception of his PASS, Paul was earning \$300/month at K-Mart. He would set aside \$120 each month for his PASS. This is the cost of one month of transportation to and from work (i.e., \$30 per week). In addition he was able to save \$500 in a savings account from his earnings. The total cost of Paul's PASS was \$720. Thus, the set-aside monies from Paul's wages and money in the bank were more than enough to cover the cost of his transportation for six months.

Paul's Monthly Income During the Months of His PASS

\$300.00	Paul's gross earnings
<u>-85.00</u>	General and earned income exclusion
215.00	Earned income (Divide by 2)
/2	
107.50	Remaining earnings
-120.00	PASS
0.00	SSI countable income
500.00	Paul's SSI benefit
+ 300.00	Earned income
<u>-120.00</u>	PASS
680.00	Paul's expendable income

Part I - Your Goal

A. What is your work goal? (Show the specific job you expect to have at the end of the plan. If you are undergoing vocational evaluation to determine a feasible goal, show "VR Evaluation." If your goal involves a supported employment position, show the amount of job coaching you expect to need after the plan is completed compared to the amount you currently receive or will receive when you begin working.)

Process shoes in the K-Mart Shoe Department

B. Describe the duties you will be expected to perform in this job:

- **Unload shoes from trucks**
- **Sort shoes into pairs**
- **Label shoes with price tags**
- **Cart shoes to shoe department where they will be displayed by another employee**

C. How much do you currently earn (gross) each month in wages or self- \$ /month employment income?

\$300.00

How much do you expect to earn each month (gross) after your plan is \$ /month completed?

\$600.00

How do you expect to find a job by the time your plan is completed?

A job is available if performance standards are met

D. If your goal involves self-employment, explain why you believe that operating your own business is more likely to result in self-support than if you worked for someone else.

N/A

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability?

Mental Retardation

B. Explain any limitations you have because of your disability (e.g., limited amount of standing or lifting, etc.)

Learn new tasks slowly; difficulty following directions; require structured work environment

Part II (Continued)

C. List the types of jobs you have had most often in the past few years and those you have had which are similar to your work goal. Also show how long you worked (i.e., how many months or years) in each type of job.

Job Type**How long did you work?****School Cafeteria: Washing tables; loading
dishwasher****6 months****K-mart Cafeteria: Busing dishes****9 Months**

D. Check the block which describes the highest educational level you have completed:

- Elementary school
 Some college
 Post graduate courses
 Trade or Vocational School

- High school graduate or G.E.D
 College graduate
 Postgraduate degree
 Other (Specify):

If you completed college, list your major and degree(s) attained; if you completed one or more courses in a trade or vocational school, list the trade(s) you learned:

N/A

E. Describe any other training you have received:

Cooperative vocational training in the K-Mart cafeteria

F. Have you ever undergone a vocational evaluation?

 Yes No

If yes, show the name, address and phone number of the person or organization who conducted the evaluation:

South River High School; 222 Georgia Street; (631) 444-1111

G. Have you ever had a Plan for Achieving Self-Support before?

 Yes No

If yes, please answer the following:

When was your prior plan approved (month/year)?

When did it end (month/year)?

What was your goal in the prior plan?

Why did your prior plan not enable you to become self-supporting?

Why do you believe that this plan will be successful?

H. If someone is helping you prepare this plan, please give their name, address and telephone number:

Ms. Marilyn Johnson; Rehab Counselor; 333 Peach Street; (631) 555-0202

Do you want us to contact the person who is helping you if we need additional information about your plan?

 Yes No

Do you want us to send a copy of our decision on your plan to the person who is helping you?

 Yes No

Part III - Your Plan

List the steps, in sequence, that you will take to reach the goal and show the dates you expect to begin and complete each step. Be sure to show when you expect to purchase the items or services listed in Part IV.

Step	Beginning Date	Completion Date
Find job coach (provided by county)	7/1/99	7/15/99
Make progress in work proficiency	8/1/99	10/31/99
Stabilize performance for one month	11/1/99	11/30/99
Receive supervisor evaluation that enables maintenance of employment	12/1/99	12/31/99

Part IV - Plan Expenditures and Disbursements

A. List the items or services you are buying or will need to buy in order to reach your goal. Be as specific as possible. Where applicable, include brand and model number of the item. (Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.) Explain why each is needed to reach your goal. Also explain why less expensive alternatives will not meet your needs. **Part III should show when you will purchase these items or services.**

Item/service: **Transportation**

Cost: **\$ 720.00**

Vendor/provider: **County**

Why needed: **To travel to and from work**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Monthly**

How did you determine the cost? **Rate established by county**

B. If you propose to purchase, lease or rent a vehicle, please provide the following additional information: **N/A**

1. Do you currently have a valid driver's license?

Yes No

If no, Part III must include the steps necessary to attain a driver's license.

2. Explain why alternate forms of transportation (e.g., public transportation, cabs, having friends or relatives drive you) will not allow you to reach your goal?

3. If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient.

4. If you are proposing to purchase a new vehicle, explain why purchasing a reliable used vehicle is not sufficient.

5. Explain why you chose the particular vehicle rather than a less expensive model.

C. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or purchase of less expensive equipment) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs. **N/A**

D. If you indicated in Part II that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting. **N/A**

Part V - Income/Resource Exclusion

A. List any items you already own (e.g., equipment or property) which you will use to reach your goal. Show the value of each item and explain why you need each of the items to attain your goal.

None

B. What money do you already have saved to pay for the expenses listed in Part IV? (Include cash on hand or money in a bank account)?

\$500 in bank account

C. Other than the earnings shown in Part I, what income do you receive (or expect to receive)? (Show how much you receive and how frequently you receive or expect to receive it.)

None

D. How much of this money will you use each month to pay for the expenses listed in Part IV?

Wages: \$120 each six months

E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal? Yes No

If yes, explain how you will keep the money separate from other money you have. (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.):

Savings Account: Crestar Bank; Account # 01-4446

F. What are your current living expenses each month (e.g., rent, food, utilities, etc.)? **\$565.00**
 If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is less than your current living expenses, explain how you will pay for those living expenses.

G. Do you expect any other person or organization (e.g., Vocational Rehabilitation) to pay for or reimburse you for any part of the items and services listed in Part IV or to provide any other items or services you will need? Yes No

If yes, please provide details as follows:

Who will pay?	Item/service	Amount	When will the item or service be purchased?
Local RS Office	Job Coaching	\$1200.00	7/1/99

Attainment Feasibility of Sam’s Job Goal . . .

. . . Prerequisites for the job at Pleasant Valley Assisted Living Facility were addressed throughout Sam’s school IEP/transition plan. The job was consistent with interests and aptitudes identified in Sam’s vocational evaluation, and his CBVE experience at Pleasant Valley indicated that he would be successful doing this type of work. Furthermore, Sam enjoyed working at Pleasant Valley, and he received positive evaluations from his supervisor.

Economic Feasibility of Sam’s Job Goal . . .

. . . Upon successful completion of Sam’s PASS goal, his earnings at Pleasant Valley Assisted Living Facility would increase by more than \$300 per month. In addition, his increased performance of office skills would provide him with the potential to transfer to better paying jobs in the future.

Sam lives in Chesterfield, a town of about 15,000 people situated 40 miles from an urban center. Chesterfield has no public transportation, but there is a bus that runs at selected times on main traffic arteries and provides services to persons with disabilities and those who are elderly. Sam shares an apartment with two other people. His apartment is located in the center of town with access to commercial activity.

Sam, who is 20 years old, has cerebral palsy and uses a motorized wheelchair for mobility. He has a slight impairment in his arms, wrists, hands and fingers, reducing his manual dexterity for certain activities (e.g., operating a computer keyboard efficiently without accommodations). Sam has good control over his head, neck, shoulders, and trunk.

Sam was a special education student who participated in regular classes and used special education resources. His academic performance was in the normal range. Sam exhibited good work habits and his abilities in reading and mathematics were average. Sam was a slow reader with above average literal and inferential comprehension.

During elementary and middle school years, Sam’s IEP focused on academic performance in regular classes (i.e., reading, math, history, etc.) and development of fine motor skills (i.e., hands and fingers).

During his junior year of high school, when he was 17, Sam’s IEP goals focused on preparing him for a job once he exited school. This included developing the skills necessary for a job, finding out what supports he might need to learn the skills and options for funding those supports. Also during his junior year, Sam had a vocational evaluation that indicated he had an interest in and aptitude for computers and skilled clerical work. The testing also revealed that Sam had an interest in doing this kind of work within a human services environment. His numerical and clerical aptitudes were above average, and his psychomotor testing showed poor manual and finger dexterity. Evaluation results indicated that Sam had above average social and communication skills. Computer knowledge and keyboard assessments revealed that Sam had excellent knowledge of keyboard function. Sam scored high on keyboard accuracy, and low on speed due to his limited hand and finger dexterity. During the beginning of his senior year in high school the following job goal and objectives were written into Sam’s IEP/transition plan: *I will develop office and interpersonal skills from minimal to average, in order to work in a human services setting.*

The short-term objectives and activities for meeting his goal were:

- I will develop my clerical skills from minimal to average through my work experience as observed by my supervisor and case manager.
- I will develop my interpersonal skills from minimal to average through my work experience, as observed by supervisor and case manager.
- I will identify four human services organizations for elderly people and for persons with disabilities located in the area in which I live (activity).
- I will develop a folder in which I will record purposes and administrative procedures for these organizations (activity).
- I will make appointments with all four of these organizations and talk to the personnel staff about accommodations and supports that I may need and they are willing to make (activity).
- I will apply for SSI benefits (activity).

During the winter of Sam’s last year in high school, he was placed in a paid work experience at Pleasant Valley Assisted Living Facility earning \$3.75 per hour. Sam performed general clerical and reception duties at this facility. He displayed good work habits, efficiently and skillfully performing the required tasks, and he had the social skills required to perform his work effectively. Employment personnel at Pleasant Valley told Sam he could be hired once he graduated from high school if he could increase his proficiency and output. The tasks he would be required to perform as a permanent employee at Pleasant Valley are:

- Engage in interpersonal activities with the clients.
- Perform computer and word-processing operations.
- Access computer bulletin boards and download files.
- Deliver and receive telephone messages.
- File documents electronically.
- Organize office materials and files for quick access.

Successful acquisition of the above skills would result in a permanent, part-time position with potential for increased earnings, increased number of working hours, and employee benefits.

Sam would require assistive technology to be able to perform the above tasks at a rate comparable to persons without disabilities. With his IEP/transition team, he decided to have an assistive technology assessment at the work environment to determine what services/devices he would need to secure permanent employee status at Pleasant Valley Assisted Living Facility. Then Sam and other IEP team members would explore options for funding these supports.

With the assistance of the school transition specialist, Sam applied for and was determined eligible to receive SSI benefits (Sam was 18 years old).

Preliminary findings of an assessment of Sam's assistive technology needs showed that he would require the following equipment/devices to meet his job goal: New computer software; keyboard guard; enlarged keyboard keys; jumbo button phone; goose neck telephone holder; phone holder; talking memo pad; and steady pen writer. The cost to purchase this assistive technology was \$600.00. In addition, Sam would require training to use the assistive technology; 25 hours at \$20/hour, for a total of \$500.00.

Sam's Monthly Income During Months of His PASS	
\$245.00	Sam's gross monthly earnings
<u>-85.00</u>	General and earned income exclusion
160.00	Earned income (Divide by 2) /2
80.00	Remaining earnings
-150.00	PASS
0.00	SSI countable income
500.00	Sam's SSI benefit
+ 245.00	Earned income
<u>-150.00</u>	PASS
595.00	Sam's Expendable Income

The local Rehabilitation Services (RS) agency paid for the assistive technology for Sam's PASS, but Sam had to pay for the training. Sam's RS counselor helped him write and obtain SSA approval for a PASS to pay for Sam's training to use his assistive technology. The training would be done over a one month period (11/99 - 12/99). Sam would need to pay the training agency \$250 at the beginning of that month, and \$250 at the conclusion of the training. Sam's PASS goal was: *I will learn to use assistive technology necessary to effectively perform my job functions, and thus move from temporary, part-time employee status at Pleasant Valley Assisted Living Facility, to permanent employee status, with the possibility for increased hours, wages, and benefits.*

To finance his PASS, Sam had \$300 in a savings account and was going to exclude \$150 for two months from his wages of \$245 per month. In addition, Sam received the full SSI benefit rate of \$500 a month.

Month-by-month and dollar-by-dollar account of Sam's PASS

Month	\$ from savings	\$ from wages	Total PASS \$
1st	\$100.00	\$150.00	\$250.00
2nd	100.00	150.00	250.00

Conditions that warrant need for a PASS . . .

. . . When Sam exited school, employment personnel at the Pleasant Valley Assisted Living Facility indicated that Sam could be retained for employment if he became more proficient in work outputs. Learning to utilize assistive technology provided the necessary supports to enable Sam to access his job at Pleasant Valley at a competitive wage.

Sam's monthly living expenses . . .

<u>Item</u>	<u>Amount</u>
Rent	\$ 250.00
Food	150.00
Clothing	25.00
Transportation	45.00
Health costs	20.00
Miscellaneous	30.00
Total	\$ 520.00

Part I - Your Goal

A. What is your work goal? (Show the specific job you expect to have at the end of the plan. If you are undergoing vocational evaluation to determine a feasible goal, show "VR Evaluation." If your goal involves a supported employment position, show the amount of job coaching you expect to need after the plan is completed compared to the amount you currently receive or will receive when you begin working.)

Perform skilled clerical work at Pleasant Valley Assisted Living Facility

B. Describe the duties you will be expected to perform in this job:

- **Engage in interpersonal activities with clients**
- **Perform computer and word-processing operations**
- **Access computer bulletin boards and download files**
- **Deliver and receive telephone messages**
- **File documents electronically**
- **Organize office materials and files for easy access**

C. How much do you currently earn (gross) each month in wages or self- \$ /month employment income?

\$245.00

How much do you expect to earn each month (gross) after your plan is \$ /month completed?

\$600.00

How do you expect to find a job by the time your plan is completed?

Permanent position is available at Pleasant Valley if performance criteria are met.

D. If your goal involves self-employment, explain why you believe that operating your own business is more likely to result in self-support than if you worked for someone else.

N/A

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability?

Cerebral palsy

B. Explain any limitations you have because of your disability (e.g., limited amount of standing or lifting, etc.)

Use motorized wheelchair for mobility; slight impairment in arms, wrists, hands and fingers, reducing manual dexterity for certain activities.

Part II (Continued)

C. List the types of jobs you have had most often in the past few years and those you have had which are similar to your work goal. Also show how long you worked (i.e., how many months or years) in each type of job.

Job Type**How long did you work?**

**Vocational education in high school, performing
general clerical and reception duties**

9 Months

D. Check the block which describes the highest educational level you have completed:

- | | |
|---|---|
| <input type="checkbox"/> Elementary school | <input checked="" type="checkbox"/> High school graduate or G.E.D |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Post graduate courses | <input type="checkbox"/> Postgraduate degree |
| <input type="checkbox"/> Trade or Vocational School | <input type="checkbox"/> Other (Specify): |

If you completed college, list your major and degree(s) attained; if you completed one or more courses in a trade or vocational school, list the trade(s) you learned:

N/A

E. Describe any other training you have received:

N/A

F. Have you ever undergone a vocational evaluation? Yes No

If yes, show the name, address and phone number of the person or organization who conducted the evaluation:

Chesterfield Office of Rehab Services; 341 King St., (321) 999-8877

G. Have you ever had a Plan for Achieving Self-Support before? Yes No

If yes, please answer the following:

When was your prior plan approved (month/year)?

When did it end (month/year)?

What was your goal in the prior plan?

Why did your prior plan not enable you to become self-supporting?

Why do you believe that this plan will be successful?

H. If someone is helping you prepare this plan, please give their name, address and telephone number:

Michael Simmons, Rehab Counselor; 341 King St., (321) 999-8877

Do you want us to contact the person who is helping you if we need additional information about your plan?

 Yes No

Do you want us to send a copy of our decision on your plan to the person who is helping you?

 Yes No

Part III - Your Plan

List the steps, in sequence, that you will take to reach the goal and show the dates you expect to begin and complete each step. Be sure to show when you expect to purchase the items or services listed in Part IV.

Step	Beginning Date	Completion Date
Increase job proficiency through use of assistive technology	9/1/99	9/30/99
Receive supervisor evaluation that enables acquiring permanent employee status		9/30/99
Increase interpersonal skills through weekly supervisory meetings		9/30/99

Part IV - Plan Expenditures and Disbursements

A. List the items or services you are buying or will need to buy in order to reach your goal. Be as specific as possible. Where applicable, include brand and model number of the item. (Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.) Explain why each is needed to reach your goal. Also explain why less expensive alternatives will not meet your needs. **Part III should show when you will purchase these items or services.**

Item/service: **Training to use assistive technology** Cost: **\$ 500.00**

Vendor/provider: **AT, Inc.**

Why needed: **Learn to use assistive technology, which will increase job proficiency, thus maintain job, with possibility for increased hours and wages.**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Monthly (for two months)**

How did you determine the cost? **Going rate established by local vocational rehabilitation agency**

Item/service: **Computer software** Cost: **\$ 170.00**

Vendor/provider: **Health House, Inc.**

Why needed: **Increase job proficiency**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehab Services paid for**

How did you determine the cost?

Item/service: **Keyboard guard and enlarged keyboard** Cost: **\$ 110.00**

Vendor/provider: **Health House, Inc.**

Why needed: **Increases job proficiency**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehab Services paid for**

How did you determine the cost?

Item/service: **Jumbo-button phone; gooseneck phone holder** Cost: **\$ 290.00**

Vendor/provider: **Health House, Inc.**

Why needed: **Increases job proficiency**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehab Services paid for**

How did you determine the cost?

Part IV (Continued)Item/service: **Talking memo pad and steady pen writer**Cost: **\$ 30.00**Vendor/provider: **Health House, Inc.**Why needed: **Increases job proficiency**How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehab Services paid for**

How did you determine the cost?

B. If you propose to purchase, lease or rent a vehicle, please provide the following additional information: **N/A**

1. Do you currently have a valid driver's license?

 Yes No

If no, Part III must include the steps necessary to attain a driver's license.

2. Explain why alternate forms of transportation (e.g., public transportation, cabs, having friends or relatives drive you) will not allow you to reach your goal?

3. If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient.

4. If you are proposing to purchase a new vehicle, explain why purchasing a reliable used vehicle is not sufficient.

5. Explain why you chose the particular vehicle rather than a less expensive model.

C. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or purchase of less expensive equipment) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs. **N/A**D. If you indicated in Part II that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting. **N/A**

Part V - Income/Resource Exclusion

A. List any items you already own (e.g., equipment or property) which you will use to reach your goal. Show the value of each item and explain why you need each of the items to attain your goal.

None

B. What money do you already have saved to pay for the expenses listed in Part IV? (Include cash on hand or money in a bank account)?

\$300 in bank account

C. Other than the earnings shown in Part I, what income do you receive (or expect to receive)? (Show how much you receive and how frequently you receive or expect to receive it.)

\$245 monthly income

D. How much of this money will you use each month to pay for the expenses listed in Part IV?

**Wages: \$150 each of two months
Savings Account: \$100 each of two months**

E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal?

Yes No

If yes, explain how you will keep the money separate from other money you have. (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.):

Savings Account: Chesterfield First Bank; Account #: 001-288-7

F. What are your current living expenses each month (e.g., rent, food, utilities, etc.)? **\$520.00**

If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is less than your current living expenses, explain how you will pay for those living expenses.

G. Do you expect any other person or organization (e.g., Vocational Rehabilitation) to pay for or reimburse you for any part of the items and services listed in Part IV or to provide any other items or services you will need?

Yes No

If yes, please provide details as follows:

Who will pay?	Item/service	Amount	When will the item or service be purchased?
Rehab Services	Assistive technology	\$600.00	At beginning of PASS

Pass Example 3: Madeline

Madeline is 22 years old and lives with two roommates in a suburban community in close proximity to a large urban area. She was educated in regular classes during her elementary, middle, and high school years and utilized special education and related services. Her academic performance was within the normal range, with average reading and mathematical skills. Overall, Madeline had good study habits and adjusted well to school.

Madeline has been deaf since birth and uses ASL and an interpreter to communicate. She graduated from high school when she was 18 years old. When Madeline was 14 years old, with the assistance of the school transition specialist, she applied for and was found eligible to receive SSI cash benefits. When she turned 18, during her senior year in high school, her transition specialist helped her with the SSI benefit eligibility redetermination process. She remained eligible for SSI benefits and was thus eligible for the SSI work incentives program.

Madeline had a vocational evaluation through the Howard County Special Education Assessment Center during her junior year of high school. It indicated that she had both above average skills and an interest in retrieving and classifying information using the computer. The evaluation results also revealed that she had good writing skills. Her basic education test scores showed an average vocabulary and average abilities for mathematical computations, with good mechanics and expression of written language. A vocational interest inventory confirmed her stated interest in working in a library, either within a school or a public library. It also showed that she likes working on a computer, in particular exploring the Internet and accessing databases.

During the early years of high school, Madeline's IEP/transition plan focused on developing her self-advocacy skills and learning her rights under the Americans with Disabilities Act (ADA) and other legislation supporting the rights of people with disabilities. In addition, her plan included goals for building her academic skills to meet her desire to attend college.

At age 16, Madeline's IEP/transition plan began to address career goals in addition to those stated above. Career-related activities Madeline engaged in included work-site visits, discussion with members of the business community to explore career options, personal growth workshops, and job fairs. She also received training on a personal computer and developed proficiency in identifying and accessing Internet information. Madeline, her mother, and the other members of her IEP/transition team decided that preparation for work in a library would be a desirable transition goal. Madeline's IEP was: *I will increase my skills and acquire the education necessary to work as a Library Assistant.*

Short-term objectives for achieving her goal were:

- I will demonstrate knowledge of competitive standards for a Library Assistant by determining the minimum and maximum level of skill and performance requirements both on the job and in post secondary education as observed by my supervisor.
- I will increase my skills in identifying information and materials, organizing, categorizing, and coding information from a minimum level to average as observed by my supervisor.
- I will demonstrate knowledge of computer database and networks by building a resource folder of at least 20 useful references as observed by my supervisor and case manager.

During the fall of her last year in high school, as part of her school's school-to-work transition program, Madeline participated in a part-time, paid job at the Howard County Community Library where she was able to utilize her computer and Internet skills. She enhanced her current skills and learned new skills that increased her proficiency. This experience helped prepare her for the training she would need to undertake after high

Attainment Feasibility of Madeline's Job Goal . . .

. . . Madeline's high school vocational evaluation revealed that she had the academic skills necessary to become a library assistant. In addition, she was very interested in this profession. This interest was confirmed by the results of her vocational interest inventory. Through her paid work experience and other career-related activities she participated in as part of her school transition program, Madeline demonstrated that she had the skills necessary for working in a library.

Economic Feasibility of Madeline's Job Goal . . .

. . . Upon completing the twenty-one month Library Assistant program, Madeline would have the potential of earning \$1200 per month, working 35 hours per week. In her current position, as Library Aid, she earns \$250 per month.

Conditions that warrant need for a PASS . . .

. . . Madeline’s PASS would assist her in purchasing a vehicle, which would enhance her overall independence and self-sufficiency. In addition to going to school, Madeline worked part-time at Howard County Community Library. There was not much time between her classes and when she needed to get to work. Being able to drive to work would cut her travel time, as she would not have to rely on public transportation.

school to become a Library Assistant. As a result of Madeline’s improved performance at the library, she moved from a student learner to a part-time Library Aid position working 12 hours per week and earning \$5.05 per hour, or \$250 per month.

Madeline, her mother, and other IEP team members investigated the educational requirements for a Library Assistant; the Library Assistant program was for 21 months at Tyler Community College. Madeline applied for acceptance into the Library Assistant program at the community college as part of her transition plan.

The tuition cost of the Library Assistant program was \$850 per semester, or \$3400 total. Text books would cost approximately \$200 per semester. Madeline’s tuition would be paid with the Pell Federal Education Opportunity grants. Rehabilitation Services would cover the cost of her books and her interpreter. To accommodate transportation to and from school, Madeline’s uncle was going to sell her a used car for \$2000. Included in this

amount was the purchase and installation of an emergency vehicle detector. To pay for her car, Madeline’s rehab counselor helped her write an application for a PASS incentive.

To finance her PASS, Madeline had \$850 in a savings account and her wages of \$250 per month from which she would set aside \$100 for each of 12 months.

Madeline’s Monthly Income During Months of Her PASS

\$250.00	Madeline’s gross monthly earnings
<u>-85.00</u>	General and earned income exclusion
165.00	Earned income (Divide by 2)
/2	
82.50	Remaining earnings
-100.00	PASS
0.00	SSI countable income
500.00	Madeline’s SSI benefit
+250.00	Earned income
<u>-100.00</u>	PASS
650.00	Madeline’s Expendable Income

Month-by-month and dollar-by-dollar account of Madeline’s PASS

Madeline’s monthly living expenses . . .

<i>Item</i>	<i>Amount</i>
Rent	\$ 200.00
Food	160.00
Clothing	25.00
Car Insurance/gas	150.00
Health costs	30.00
Miscellaneous	30.00
Total	\$ 595.00

Month	\$ from savings	\$ from wages	Total PASS \$
1st	\$250.00	\$100.00	\$350.00
2nd	250.00	100.00	350.00
3rd	200.00	100.00	300.00
4th	100.00	100.00	200.00
5th		100.00	100.00
6th		100.00	100.00
7th		100.00	100.00
8th		100.00	100.00
9th		100.00	100.00
10th		100.00	100.00
11th		100.00	100.00
12th		100.00	100.00

Plan for Achieving Self-Support: Madeline

Part I - Your Goal

A. What is your work goal? (Show the specific job you expect to have at the end of the plan. If you are undergoing vocational evaluation to determine a feasible goal, show "VR Evaluation." If your goal involves a supported employment position, show the amount of job coaching you expect to need after the plan is completed compared to the amount you currently receive or will receive when you begin working.)

To work as a Library Assistant in either a public library or a library within a public or private school

B. Describe the duties you will be expected to perform in this job:

- **Assist library users in finding materials and information.**
- **Organize, catalogue, and code various media**
- **Prepare, manage, and retrieve information using computer databases**

C. How much do you currently earn (gross) each month in wages or self- \$ /month employment income?

\$250.00

How much do you expect to earn each month (gross) after your plan is \$ /month completed?

\$1200.00

How do you expect to find a job by the time your plan is completed?

Develop resume and interviewing skills; Continue part-time Library Aid job, which may lead to full-time, permanent employment.

D. If your goal involves self-employment, explain why you believe that operating your own business is more likely to result in self-support than if you worked for someone else.

N/A

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability?

Deaf

B. Explain any limitations you have because of your disability (e.g., limited amount of standing or lifting, etc.)

Use ASL and interpreter for communication

Part II (Continued)

C. List the types of jobs you have had most often in the past few years and those you have had which are similar to your work goal. Also show how long you worked (i.e., how many months or years) in each type of job.

Job Type	How long did you work?
Work experience through vocational education during high school at county library	one year

D. Check the block which describes the highest educational level you have completed:

- | | |
|---|---|
| <input type="checkbox"/> Elementary school | <input checked="" type="checkbox"/> High school graduate or G.E.D |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Post graduate courses | <input type="checkbox"/> Postgraduate degree |
| <input type="checkbox"/> Trade or Vocational School | <input type="checkbox"/> Other (Specify): |

If you completed college, list your major and degree(s) attained; if you completed one or more courses in a trade or vocational school, list the trade(s) you learned:

N/A

E. Describe any other training you have received:

Computer training, including Internet training

F. Have you ever undergone a vocational evaluation? Yes No

If yes, show the name, address and phone number of the person or organization who conducted the evaluation:

Howard County Special Education Assessment Center; 421 Niles St.; (341) 667-5543

G. Have you ever had a Plan for Achieving Self-Support before? Yes No

If yes, please answer the following:

When was your prior plan approved (month/year)?

When did it end (month/year)?

What was your goal in the prior plan?

Why did your prior plan not enable you to become self-supporting?

Why do you believe that this plan will be successful?

H. If someone is helping you prepare this plan, please give their name, address and telephone number:

Terrence Gibbon, Rehab Counselor; 686 River St.; (341) 776-4355

Do you want us to contact the person who is helping you if we need additional information about your plan?

Yes No

Do you want us to send a copy of our decision on your plan to the person who is helping you?

Yes No

Part III - Your Plan

List the steps, in sequence, that you will take to reach the goal and show the dates you expect to begin and complete each step. Be sure to show when you expect to purchase the items or services listed in Part IV.

Step	Beginning Date	Completion Date
Begin Library Assistant Program at Tyler Community College	9/1/99	6/15/2001
Progress through the Library Assistant Curricula - acquire a one year certificate of completion		6/15/2000
Start looking for a job as Library Assistant	Last semester	Upon graduation

Part IV - Plan Expenditures and Disbursements

A. List the items or services you are buying or will need to buy in order to reach your goal. Be as specific as possible. Where applicable, include brand and model number of the item. (Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.) Explain why each is needed to reach your goal. Also explain why less expensive alternatives will not meet your needs. **Part III should show when you will purchase these items or services.**

Item/service: **Tuition at Tyler Community College** Cost: **\$3400.00**

Vendor/provider:

Why needed: **To become a Library Assistant**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Pell and Educational Opportunity Grants**

How did you determine the cost? **Rate established by the College**

Item/service: **Text books** Cost: **\$800.00**

Vendor/provider: **Tyler Community College Book Store**

Why needed: **To become a Library Assistant**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehabilitation Services**

How did you determine the cost? **Rate established publishers**

Item/service: **Interpreter** Cost: **\$20/hr.**

Vendor/provider: **Rehabilitation Services**

Why needed: **To interpret during class lectures**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Rehabilitation Services**

How did you determine the cost? **Rate established Rehabilitation Services**

Item/service: **Used car with emergency vehicle detector** Cost: **\$2000.00**

Vendor/provider: **Purchasing from Uncle**

Why needed: **To drive to and from school; to work after school and home**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Monthly payments**

How did you determine the cost? **Negotiated price with Uncle; Price is much cheaper than blue book value of car**

B. If you propose to purchase, lease or rent a vehicle, please provide the following additional information:

1. Do you currently have a valid driver's license? Yes No
If no, Part III must include the steps necessary to attain a driver's license.
2. Explain why alternate forms of transportation (e.g., public transportation, cabs, having friends or relatives drive you) will not allow you to reach your goal? **Public transportation is not good. Not enough time between when classes end each day and when I need to get to part-time library job. Car will save travel time. Also, dark out when I get off work and city bus stops several blocks from my house. Not safe to walk alone after dark.**
3. If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient. Renting or leasing are much more expensive than purchasing car from my Uncle.
4. If you are proposing to purchase a new vehicle, explain why purchasing a reliable used vehicle is not sufficient.
5. Explain why you chose the particular vehicle rather than a less expensive model. **It's a very good car; selling price is very low compared to what the car is worth; and my Uncle has agreed to make all repairs on car.**

C. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or purchase of less expensive equipment) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs. **N/A**

D. If you indicated in Part II that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting. **N/A**

Part V - Income/Resource Exclusion

A. List any items you already own (e.g., equipment or property) which you will use to reach your goal. Show the value of each item and explain why you need each of the items to attain your goal.

None

B. What money do you already have saved to pay for the expenses listed in Part IV? (Include cash on hand or money in a bank account)?

\$850 in bank account

C. Other than the earnings shown in Part I, what income do you receive (or expect to receive)? (Show how much you receive and how frequently you receive or expect to receive it.)

\$250/month wages

D. How much of this money will you use each month to pay for the expenses listed in Part IV?

Wages: \$100 for each of 12 months

Savings Account: 1st month: \$250; 2nd month: \$250; 3rd month: \$200; 4th month: \$100

E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal?
 Yes No

If yes, explain how you will keep the money separate from other money you have. (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.):

Savings Account: Howard County Bank; Account # 003-188 7

F. What are your current living expenses each month (e.g., rent, food, utilities, etc.)? **\$595.00**
 If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is less than your current living expenses, explain how you will pay for those living expenses.

G. Do you expect any other person or organization (e.g., Vocational Rehabilitation) to pay for or reimburse you for any part of the items and services listed in Part IV or to provide any other items or services you will need?
 Yes No

If yes, please provide details as follows:

Who will pay?	Item/service	Amount	When will the item or service be purchased?
Pell and Educational Opportunity Grants	Tuition	\$3400 (\$850/semester)	Beginning of each semester
Rehab Services	Text books	\$800 (\$200/semester)	Beginning of each semester
Rehab Services	Interpreter	\$20/hour	Beginning of each semester

Conditions that warrant need for a PASS . . .

. . . If Emily were to retain her job at the Statesman Inn, she would need to increase her proficiency from 50% to 75%. To do this she would require job coaching for six months or 90 hours. She would not complete her training before exiting school. The local Rehabilitation Services office did not have enough money left in their budget the current year to finance the entire amount of Emily's job coaching, which was \$1800. She would pay for \$1000 of her training and Emily would need to fund the remaining \$800.

Emily's monthly living expenses . . .

Item	Amount
Clothing	45.00
Transportation	50.00
Health costs	40.00
Miscellaneous	60.00
Total	\$ 195.00

(Note: food and shelter is provided by parent)

Emily is 21 years old and lives with her mother and two younger sisters. The family lives in a large urban setting where there is a considerable amount of commercial activity. Emily was in special education classes from elementary years through high school. During high school Emily participated in some regular education classes and community-based instruction. She exited high school at age 20.

Emily has cerebral palsy and uses a walker for mobility and is unable to walk considerable distances. She has poor psychomotor coordination and manual dexterity. Emily has a cognitive disability, which causes her difficulty in following directions consisting of more than two steps. Emily cannot read but can attach meaning to picture symbols. (Emily is eligible for SSI because she has a severe physical disability. She would not qualify for SSI benefits based on her cognitive disability alone, as her I.Q. is 70. To be eligible for SSI benefits on the basis of cognitive disability, an individual's I.Q. must be 59 or under.)

When Emily was 14, with the assistance of the school transition specialist, she applied for SSI. Emily was denied benefits and appealed SSA's decision. After appealing the decision, SSA determined Emily was eligible to receive benefits. (For information on the SSI appeals process, see the National Transition Network Policy Update titled, *Supplemental Security Income: Your Right to Appeal*, November 1998). Emily was redetermined eligible for SSI cash assistance when she turned 18.

Emily's IEPs throughout high school focused on functional skills, including self-care, hygiene, sexuality, and social skills. In addition, her IEP included specific goals and objectives for improving her manual dexterity.

Emily had a vocational evaluation when she was 15 years old through Rehabilitation Services. Results of tests on visual discrimination were satisfactory. Emily's sorting and assembling skills test results were average. Testing also showed that Emily persists in performing and completing tasks. The overall scores of her vocational evaluation indicated that she may be capable of performing assembling and sorting tasks, and that she would need employment supports early in her work experience program.

Emily's IEP also included community-based vocational education experiences to prepare her for work once she exited high school. She had several paid job experiences during the last three and one half years of high school. In the fall of her last year of school (when she was 20), Emily was placed in a paid job as a student learner at the Statesman Inn where she worked in the laundry. The tasks associated with this job were compatible with Emily's interests and physical and cognitive abilities. She had made some friends with whom she socialized after work, and felt good about herself when she successfully completed her job tasks. Emily's IEP goal related to her job at the Statesman Inn was: *I will improve competitive work habits and behaviors from 35% to 50%.*

Short-term objectives for reaching her goal were:

- I will follow directions by performing a series of tasks, such as sorting and folding clothes and informing my supervisor when laundry supplies are low (i.e., when one shelf is completely empty) with 50% accuracy and efficiency as measured by monthly checks from my supervisor.
- I will perform work at a satisfactory rate on a given job as evaluated by my job coach and supervisor.

Emily's school provided her with a job coach to help her achieve the above objectives to increase the possibility that Emily would be able to retain her job at the Statesman when she exited school.

Emily was working 12 hours per week at the Statesman Inn, as a student learner earning \$3.75 per hour, or \$180 per month. To retain her job at the Statesman Inn upon exiting school, Emily would have to improve her competitive work habits and behaviors from 50% to 75%. To accomplish this goal, Emily would need job training after she exited school.

It was estimated that Emily’s job training would take six months for a total of 90 hours. Emily, her mother, and the rest of the IEP/transition team met to develop a plan for Emily after she leaves school. Emily’s rehabilitation counselor arranged for job coaching for her once she leaves school at the rate of \$20 per hour, or a total cost of \$1800. However, the local Rehabilitation Services (RS) office would not have enough funds available for job coaching in the current year to pay the entire \$1800. They would fund \$1000 of Emily’s job coaching and Emily would have to pay the balance of \$800. To finance the \$800 in job coaching services, the school transition specialist

helped Emily and her mother complete a PASS application. SSA approved Emily’s PASS application.

Because she had done well as a student learner, at school exit Emily was given a job at the Statesman Inn on a trial basis working 15 hours per week, earning \$5.05 per hour (minimum wage), or \$300 per month. If Emily was able to reach 75% task proficiency, she would be able to increase her hours to 25 per week, thus earning \$505 per month.

Emily had no items of value that would enable her to achieve her goal. However, she had saved \$550 from her work experience at the Statesman Inn. In addition, she would set aside \$150 from her monthly earnings of \$300 for three months. Because Emily lived with her mother, her monthly SSI federal benefit rate was

Emily’s Monthly Income During Months of Her PASS	
\$300.00	Emily’s gross monthly earnings
<u>-85.00</u>	General and earned income exclusion
215.00	Earned income (Divide by 2) /2
107.50	Remaining earnings
-150.00	PASS
0.00	SSI countable income
334.00	Emily’s SSI benefit (based on 1/3 reduction rule)
+300.00	Earned income
<u>-150.00</u>	PASS
\$484.00	Emily’s Expendable Income

calculated according to the 1/3 reduction rule (see Appendix E). That is, she received two-thirds of the monthly FBR of \$500, or \$334. In addition, she had \$150 left over from her wages each month after the \$150 set aside for her PASS. This left her a total monthly income of \$484.

Month-by-month and dollar-by-dollar account of Emily’s PASS

Month	\$ from savings	\$ from wages	Total PASS \$
1st	\$150.00	\$150.00	\$300.00
2nd	150.00	150.00	300.00
3rd	50.00	150.00	200.00

Note: It is likely that Emily will need job coaching periodically throughout her work like to maintain her skill level. Whereas, Emily utilized the PASS to achieve her initial employment goal, she may be able to rely on the IRWE incentive to help finance long term job coaching if needed to keep her job.

Attainment Feasibility of Emily’s Job Goal . . .

. . . Emily received a favorable evaluation from her supervisor at the Statesman Inn when she worked there as a part-time student learner. Because of her excellent performance as a student worker, Emily was hired as a part-time employee at the Statesman Inn, working 15 hours per week, on a trial basis while she completed her training.

Economic Feasibility of Emily’s Job Goal . . .

. . . Upon completion of her job training, Emily would increase her earnings from \$300 per month to \$505 per month. In addition, the skills she would learn through training would increase her future employability.

Part I - Your Goal

A. What is your work goal? (Show the specific job you expect to have at the end of the plan. If you are undergoing vocational evaluation to determine a feasible goal, show “VR Evaluation.” If your goal involves a supported employment position, show the amount of job coaching you expect to need after the plan is completed compared to the amount you currently receive or will receive when you begin working.)

Improve competitive work habits and behaviors from 50% to 75% to become permanent employee at the Statesman Inn.

B. Describe the duties you will be expected to perform in this job:

- **Sort and fold clothes**
- **Inform supervisor when laundry supplies are low (i.e., when one shelf is completely empty)**

C. How much do you currently earn (gross) each month in wages or self- \$ /month employment income?

\$300.00

How much do you expect to earn each month (gross) after your plan is \$ /month completed?

\$505.00

How do you expect to find a job by the time your plan is completed?

Will be hired as permanent employee at Statesman Inn if performance objectives are met.

D. If your goal involves self-employment, explain why you believe that operating your own business is more likely to result in self-support than if you worked for someone else.

N/A

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability?

Cerebral palsy and Mental Retardation

B. Explain any limitations you have because of your disability (e.g., limited amount of standing or lifting, etc.)

CP: Use walker for mobility; poor psychomotor coordination and manual dexterity
MR: Difficulty following directions of more than two steps; cannot read but can attach meaning to picture symbols.

Part II (Continued)

C. List the types of jobs you have had most often in the past few years and those you have had which are similar to your work goal. Also show how long you worked (i.e., how many months or years) in each type of job.

Job Type

How long did you work?

Vocational education in high school consisted of several job experiences performing assembling and sorting tasks

12 Months total

D. Check the block which describes the highest educational level you have completed:

- Elementary school
- Some college
- Post graduate courses
- Trade or Vocational School

- High school graduate or G.E.D.
- College graduate
- Postgraduate degree
- Other (Specify):

If you completed college, list your major and degree(s) attained; if you completed one or more courses in a trade or vocational school, list the trade(s) you learned:

N/A

E. Describe any other training you have received:

F. Have you ever undergone a vocational evaluation?

Yes No

If yes, show the name, address and phone number of the person or organization who conducted the evaluation:

Rehabilitation Services; 1238 Pippin Ave., (615) 787-3400

G. Have you ever had a Plan for Achieving Self-Support before?

Yes No

If yes, please answer the following:

When was your prior plan approved (month/year)?

When did it end (month/year)?

What was your goal in the prior plan?

Why did your prior plan not enable you to become self-supporting?

Why do you believe that this plan will be successful?

H. If someone is helping you prepare this plan, please give their name, address and telephone number:

Adam West; Transition Specialist; Wilson High School; (615) 877-0430

Do you want us to contact the person who is helping you if we need additional information about your plan?

Yes No

Do you want us to send a copy of our decision on your plan to the person who is helping you?

Yes No

Part III - Your Plan

List the steps, in sequence, that you will take to reach the goal and show the dates you expect to begin and complete each step. Be sure to show when you expect to purchase the items or services listed in Part IV.

Step	Beginning Date	Completion Date
Progress from 50% to 75% proficiency in sorting and folding laundry	9/1/99	11/30/99
Progress from 50% to 75% proficiency in keeping track of laundry supplies and informing supervisor when one shelf is completely empty	12/1/99	1/31/00
Receive supervisor evaluation that warrants being hired as a permanent employee		1/31/00

Part IV - Plan Expenditures and Disbursements

- A. List the items or services you are buying or will need to buy in order to reach your goal. Be as specific as possible. Where applicable, include brand and model number of the item. (Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.) Explain why each is needed to reach your goal. Also explain why less expensive alternatives will not meet your needs. **Part III should show when you will purchase these items or services.**

Item/service: **Job Coach (90 hours @ \$20/hour)** Cost: **\$1800.00**
 Vendor/provider: **Brummel Center**
 Why needed: **Learn and maintain job skills**

How will you pay for this item (e.g., onetime payment, monthly payments)? **Monthly**
 How did you determine the cost? **Going rate established by Rehabilitation Services**

- B. If you propose to purchase, lease or rent a vehicle, please provide the following additional information: **N/A**

- Do you currently have a valid driver's license? Yes No
 If no, Part III must include the steps necessary to attain a driver's license.
- Explain why alternate forms of transportation (e.g., public transportation, cabs, having friends or relatives drive you) will not allow you to reach your goal?
- If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient.
- If you are proposing to purchase a new vehicle, explain why purchasing a reliable used vehicle is not sufficient.
- Explain why you chose the particular vehicle rather than a less expensive model.

- C. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or purchase of less expensive equipment) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs. **N/A**

- D. If you indicated in Part II that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting. **N/A**

Part V - Income/Resource Exclusion

A. List any items you already own (e.g., equipment or property) which you will use to reach your goal. Show the value of each item and explain why you need each of the items to attain your goal.

None

B. What money do you already have saved to pay for the expenses listed in Part IV? (Include cash on hand or money in a bank account)?

\$550 in bank account

C. Other than the earnings shown in Part I, what income do you receive (or expect to receive)? (Show how much you receive and how frequently you receive or expect to receive it.)

\$300/month wages

D. How much of this money will you use each month to pay for the expenses listed in Part IV?

Wages: \$150 each of three months

Savings Account: First month: \$150; second month: \$150; third month: \$50

E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal?

Yes No

If yes, explain how you will keep the money separate from other money you have. (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.):

Savings Account: Central National Bank; Account # 4877-00-34998

F. What are your current living expenses each month (e.g., rent, food, utilities, etc.)? **\$195.00**

If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is less than your current living expenses, explain how you will pay for those living expenses.

G. Do you expect any other person or organization (e.g., Vocational Rehabilitation) to pay for or reimburse you for any part of the items and services listed in Part IV or to provide any other items or services you will need?

Yes No

If yes, please provide details as follows:

Who will pay?	Item/service	Amount	When will the item or service be purchased?
Rehab Services	Job Coaching	\$1000	Beginning of each month

Impairment-Related Work Expenses (IRWE)

In this section . . .

- . . . Overview of the IRWE
- . . . Example 1: Sandra (An IRWE for transportation costs to and from work)
- . . . Example 2: Larry (An IRWE for job-related equipment to reduce fatigue and back pain)
- . . . Example 3: Berinda (An IRWE for an infrared, laser headpointer for operating computer keyboard)

Impairment-related work expenses (IRWEs) are items and services, which because of one's disability, are needed to enable one to work. In order to qualify for an IRWE, the cost of the item or service must be paid for by the person with the disability, and the person can not be reimbursed for the expense by another person or organization.

The local SSA office determines whether expenses may be deducted from earnings. In making this determination, the SSA office may:

- Request the person with the disability or a representative to verify the need for an impairment-related work expense (this may be done by telephone or in writing).
- Ask the person with disability or a representative if . . .
 - . . . the item/service is related to the impairment and is necessary to enable the person to perform his or her job;
 - . . . the person is paying for the item/service (and to submit proof); and
 - . . . some other source is paying for the item/service, and if so, how long that funding will continue.

Impairment-related work expenses are deductible for SSI payment purposes when:

- The expense enables a person to work.
- The person, because of a severe physical or cognitive impairment, needs the item or service for which the expense is incurred in order to work.
- The cost is paid by the person with a disability and is not reimbursed by another source.
- The expense is “reasonable”—it represents the standard charge for the item or service in the person's community.
- The expense is paid during a month in which earned income is received or work is performed while the person used the impairment-related item or service.

Individuals with disabilities may rely on IRWE incentives throughout their entire lives. It is possible that a person who used a PASS incentive to purchase job coaching support for a specific employment goal, could, after completing their PASS, utilize an IRWE to purchase job coaching support to maintain this employment.

Sandra lives with her parents and her two younger brothers. She is 21 years old and exited high school when she was 20. Sandra is very nurturing, and enjoys helping her parents care for her two younger brothers. She also helps her mother care for her grandmother, who resides in an assisted living facility located in close proximity to Sandra's house.

Sandra has been receiving SSI cash assistance under SSA's Childhood Eligibility classification since she was 15 years old. Her eligibility for SSI benefits was redetermined by SSA when she turned 18. Sandra remained eligible to receive SSI cash assistance.

Sandra has a physical disability that affects the motor functioning of her right leg and arm. Her Attention Deficit Disorder (ADD) causes her difficulty organizing and completing tasks, and sustaining attention in tasks and activities. Sandra participated in regular classes and in special education classes for youth with learning disabilities.

She began her transition planning at age 14. In addition to her IEP/transition plan focusing on strengthening her academic skills, Sandra's plan also included work-based instruction, i.e., attending job fairs and exploring career materials, and attending a work experience class.

As a result of exploring career options, and participating in several work-based learning experiences, Sandra, with the assistance of her parents and other IEP/transition team members picked health services as an area for further exploration. After researching careers in health services, Sandra and her IEP/transition team decided that she should seek a paid work experience in a hospital during the school year.

A paid work experience at a hospital approximately 10 miles from Sandra's house became available for the summer between her junior and senior years in high school (when she was 19). However, there was no public transportation available to the hospital and, because of her physical and behavioral limitations, Sandra did not have a driver's license. However, Becker County (the county in which Sandra lived) had a transportation system for persons with disabilities that would be able to provide Sandra transportation to work. Unfortunately, the transportation system was not in operation when Sandra finished work at the end of the day. Consequently, Sandra needed to find another means of transportation from work.

Because the internship at the hospital was to take place during the summer months, not during the school year as listed in her IEP, Dale City High School would not be able to pay for Sandra's transportation to and from work. Sandra's IEP/transition team suggested that Sandra receive assistance from her teacher to pursue an IRWE incentive to finance her transportation. Sandra and her teacher met with a Work Incentives Liaison from the local SSA office, who explained and facilitated the process of obtaining an IRWE for Sandra.

Sandra's hospital job required her to travel into Dale City four days per week, where she worked six hours per day, at \$5.05 per hour. Sandra's monthly wages were \$500. Her transportation costs were as follows: To Work: \$4.00 per trip per day (\$16 per week) for her disability commuter service; and from work: (Sandra was able to be included in a car pool to receive a ride home after work) \$15 per week. Sandra could claim \$120 per month for transportation costs through application for an IRWE.

Sandra's IRWE was warranted because:

- *The transportation costs were directly related to her disability. Because of her disabilities, Sandra could not obtain a driver's license, nor was public transportation available from her house to the hospital.*
- *Sandra's transportation costs would not be reimbursed by another person or organization.*
- *The expense was necessary for Sandra to be able to work.*
- *The expense was reasonable because it represented the fares of the commuter and metro services.*
- *Sandra paid for the transportation during the months that she was working and during which she received her earned income.*

Sandra's Income During the Months of Her IRWE:

\$500.00	Gross earned income
-85.00	General and earned income exclusions
<u>-120.00</u>	IRWE
295.00	SSI countable income
\$334.00	SSI monthly benefit (1/3 Reduction Rule)
+500.00	Earned income
<u>-120.00</u>	IRWE
\$714.00	Expendable income

IRWE Example 2: Larry

Larry's IRWE was warranted because:

- The expense was directly related to his disability (a neuromuscular condition that contributes to physical fatigue and back pain).
- Larry's equipment cost would not be reimbursed by another person or organization.
- The expense was necessary for Larry to perform his work activities more efficiently. Efficient job performance was relevant to maintaining employment.
- The expense was reasonable because it was comparable to the price of similar items at several other local shops.
- Larry paid for the equipment during the months that he was working and during which he received his earned income.

Larry's Income During the Month of His IRWE:

\$300.00	Gross earned income
-85.00	General and earned income exclusions
<u>-165.00</u>	IRWE
50.00	SSI countable income
\$500.00	SSI monthly benefit
-50.00	SSI countable income
450.00	Adjusted SSI benefit
+300.00	Earned Income
<u>-165.00</u>	IRWE
\$585.00	Expendable income

Larry is 22 years old and shares an apartment with two other men. He is a member of the neighborhood YMCA, where he enjoys working with weights and participating in their weekly "social night." Larry attended Maple Terrace High School until he exited at age 21. Larry has been receiving SSI cash benefits since he was seven years old, and with the assistance of the school transition specialist, Larry was redetermined eligible when he turned 18. He was educated in special education classes and participated in some regular education classes and work-based instruction during his high school years.

Larry has a neuromuscular disability that causes him to become fatigued from sustained physical activity and to experience periodic back pain. He has epilepsy, for which he uses medication to control, and a cognitive disability. Larry reads at a fourth-grade level and can perform simple mathematical computations. He persists in learning new tasks, and once learned he sustains them, and enthusiastically sees them through to completion.

Early in high school, Larry had a vocational assessment that indicated he had an interest in and aptitude for skills associated with the building trades. This interest was reflected in his IEP/transition plan. As part of his transition program, Larry engaged in construction projects in his high school shop classes. His program also included participating in job fairs, career counseling and exploration, and paid work experiences.

In the spring of Larry's last year in high school, the transition specialist at Maple Terrace High School helped him obtain a paid work experience in a building supply store where he worked 15 hours per week (3 days for 5 hours per day) in their stockroom.

After one week at his job, Larry was having difficulty working for five hours without experiencing extreme fatigue and back pain. He reported this to the school transition specialist, who arranged an assistive technology assessment to determine what equipment might help Larry perform his job tasks more efficiently, without experiencing fatigue and back pain. The assessment revealed that Larry needed the following equipment to reduce his fatigue and the stress on his back:

- Heavy-duty back brace for support (\$35)
- Reach extender, to acquire items out of his reach (\$25)
- Swivel brush (\$20)
- Light sweeper (weighs one pound) (\$30)
- "Super Mop" (extremely light and has a wringer built into the handle) (\$25)

The school purchased the equipment for Larry. However, once Larry left high school, he was not able to take this equipment with him because this was considered school equipment. He had the option of purchasing the equipment from the school when he left, or he could buy new equipment.

Larry's supervisor at the building supply store told him they would be able to increase his work hours when he left high school to 25 per week, 5 hours per day, thus increase his income from \$300 per month to \$500 per month. Larry wouldn't be able to work without excessive pain and fatigue 15 hours a week without his assistive equipment. He made the decision to purchase the equipment from his school when he exited. Right before exiting, the transition specialist and Larry met with a representative from the local SSA office to process an IRWE incentive to assist Larry in purchasing the needed equipment. The total cost of the equipment was \$165.

Larry bought this equipment because it was needed for his work, and the purchases of these work-related items were reimbursed by the Social Security Administration through the IRWE. His rehab counselor told Larry that Rehabilitation Services would fund any additional on-site training for him to develop knowledge and skills in the building trades area.

Berinda is 21 years old and resides in a lower-middle class community with her working mother and younger brother. Berinda graduated from high school when she was 20 years old. She participated in the regular classroom and had access to and utilized special education services. Berinda did well in school. She had good communication skills, both verbal and written, and was very interested in building computer skills.

Berinda has spina bifida, resulting in paralysis of her lower limbs. She uses a wheelchair for mobility and has limitations in performing her daily living activities, such as toileting and bathing needs. Her shoulders and arms are also affected; she experiences frequent periods of weakness and tingling sensations. Berinda was eligible for SSI benefits under the Neuroskeletal Impairment Category of the SSA disability evaluation system, and has been receiving SSI cash assistance since she was nine years old. While in school, Berinda had an attendant, provided by the school, who assisted her with toileting and other daily living activities. (Note: Once Berinda was no longer in school, the cost for her attendant care would be covered by her medical assistance).

As part of her high school IEP/transition plan, Berinda had a vocational assessment that revealed she had an interest in and abilities for a career in the printing/publishing industry. Specifically, Berinda was interested in a career that would require using computer technology to layout and proofread materials for publication. Her transition plan also included resume writing training, college tours, personal and career counseling, community access training, and several work experiences.

In her last year of high school, Berinda obtained a paid work experience in the publishing department at Lexington Publishers. After working there for three months, Berinda was having difficulty keeping up with her tasks, which were primarily done using the computer, because of frequent weakness and tingling in her shoulders and arms. She discussed this with the school transition specialist, who suggested she use a headpointer (infrared, laser headpointer) when it became too difficult to manually operate the keyboard. The school purchased the headpointer for Berinda. Berinda, however, would not be able to take it with her once she graduated, as it was considered property of the school.

When she graduated from high school, Lexington Publishers wanted to retain Berinda as a permanent, part-time employee, working 25 hours per week (5 days per week, 5 hours per day) and earning \$7 per hour, for a monthly income of \$700. This meant that Berinda would need to either purchase the headpointer from her school, or find one on her own. After investigating the cost of the headpointer at several other companies, Berinda decided to purchase it from her school.

The cost of the headpointer was \$700. Berinda and the school transition specialist met with Berinda's rehab counselor and learned that Rehabilitation Services had no monies left in their budget that year for funding assistive technology. Thus, Berinda would have to purchase the headpointer with her own money. Berinda's transition specialist helped her apply for and receive SSA approval for an IRWE incentive to pay for her headpointer. Berinda was able to pay for her headpointer by making two monthly payments to the company of \$350 each.

Berinda's IRWE was warranted because:

- *The headpointer was necessary for Berinda to be able to efficiently perform her job.*
- *Berinda would have had to pay for these services if she didn't have an IRWE.*
- *The expense was reasonable because it represented the going rate set by Rehabilitation Services.*
- *The expense was paid in the month during which Berinda was working.*
- *Berinda was not reimbursed by any other source.*

Berinda's Income During the Months of Her IRWE:

\$700.00	Gross earned income
-85.00	General and earned income exclusions
-350.00	IRWE
265.00	Divided by 2
<u>132.50</u>	SSI countable income
\$500.00	Federal benefit rate
-132.50	Earned income
367.50	Adjusted SSI benefit
+700.00	Earned income
-350.00	IRWE
\$717.50	Expendable income

[Note: In determining Berinda's monthly SSI benefit rate, the "Pro rata share" applies (see Appendix E)].