



# *APPENDIX A*



## PLAN FOR ACHIEVING SELF-SUPPORT

Name: **Maclae B.**  
SSN#: **517-xx-xxxx**

### PART I - YOUR WORK GOAL

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

**My goal is to pursue a career in the desk top publishing or data entry field. Although I am currently capable of performing simple data entry, I would like to increase my computer skills especially in the word processing area and in information analysis to enable me to increase my employability and potential earnings. I would like to eventually work full time.**

If your goal involves supported employment, show the number of hours of job coaching you will receive when you begin working. **20 hours a week**

Show the number of hours of job coaching you expect to receive after the plan is completed. **4 hours a month**

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

**Data entry, data analysis, quality control over data input, typing, printing, information distribution, utilizing e-mail, basic research utilizing the computer.**

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

**Polson High School completed my Vocational Profile and supported me to experience a variety of jobs (unpaid and paid) as part of my high school work program. I have gained basic data entry experience on the computer while working at Top 40 video and at the Lake County Court house. (See attached Profile.)**

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

**\$800 a month**

E. If your work involves self-employment, explain why working for yourself will make you more self-supporting than working for someone else.

N/A

*NOTE:* If you plan to start your own business, attach a detailed business plan. At a minimum, the business plan must include the type of business; products or services to be offered by your business; a description of the market for the business; technical assistance needed; tools, supplies, and advertising plan; and a profit and loss projection for the duration of the PASS and at least one year beyond its completion. Also include a description of how you intend to make this business succeed.

F. Did someone help you prepare this plan? **X YES**      NO

If "NO," skip to G.

If "YES," show name, address and telephone number of that individual or organization.

**Ellen Condon, Rural Institute on Disabilities, 52 Corbin Hall, UMT,  
Missoula, MT 59812  
(406) 243-4134**

May we contact them if we need additional information about your plan? **X YES**

Do you want us to send them a copy of our decision on your plan? **X YES**

Are they charging you a fee for this service?      **X NO**

G. Have you ever submitted a Plan for Achieving Self Support (PASS) to Social Security?

**X NO**

If "NO," skip to Part II.

If "YES," complete the following:

Was a PASS ever approved for you?      YES      **NO**

If "NO," skip to Part II

If "YES," complete the following:

When was the most recent plan approved (month/year)? **N/A**

Did you complete the PASS?      **N/A**

If "NO," why weren't you able to complete it?

If "YES," why weren't you able to become self-supporting?

Why do you believe that this new plan you are requesting will help you go to work?

## **PART II - MEDICAL /VOCATIONAL BACKGROUND**

**A. What are your disabling illnesses, injuries, or conditions?**

**I have a diagnosed disability of Prader-Willi Syndrome and cognitive delay.**

**B. Describe any limitations you have because of your disability (e.g., limited amount of standing or lifting, stooping, bending or walking; difficulty concentrating; unable to work with other people; difficulty handling stress; etc.). Be specific.**

**I have difficulty handling stressful situations, processing when I am stressed, and problem solving issues that arise during school, work or daily living. When I find an assignment or instruction overwhelming, I shut down (stop talking, stop listening to people who are instructing me, and become anxious). Sometimes I will begin to cry and will be unable to stop or I will make an impulsive decision that I believe will allow me to get away from the overwhelming situation. In the past, I have responded to redirection from my supervisors or parents very negatively and impulsively quit my work experience classes or quit my jobs.**

**The syndrome of Prader-Willi impacts my eating habits, weight, and behavior around food. People with this syndrome have limited control over their eating, never get the sensation of satiation and typically are obsessed and act compulsively around food.**

**Although I try to fit some exercise into my daily routine such as walking home from work, if my job were more than one mile from home I would need transportation to get there. In the summer months when it is warm I prefer to get a ride to work so my appearance is neat and presentable. The Prader-Willi Syndrome also inhibits my sense of body temperature.**

**In light of the limitations you described, how will you carry out the duties of your work goal?**

**I do well if I have support from a person I am familiar with and whom I trust who helps me outline the issues I am finding overwhelming and reacting to and weigh the consequences of my decisions. I need this support intermittently to make good decisions and maintain my employment.**

**It helps me to avoid work environments around food or involving food and to have assistance with transportation to and from work during extreme temperatures or weather conditions and if work is more than one mile from my home.**

C. List the jobs you have had most often in the past few years. Also list any jobs, including volunteer work, which are similar to your work goals or which provided you with skills that may help you perform the work goal. List the dates you worked in these jobs. Identify periods of self-employment. If you were in the Army, list your Military Occupational Specialty (MOS) code; for the Air Force, list your Air Force Specialty (AFSC) code; and for the Navy, Marine Corps, and Coast Guard, list your RATE.

**Through Polson High School I have participated in a variety of on the job work experiences. All but two of these were unpaid, supported by a job coach from the school, and were part of the School-to-Work curriculum. (See attached resume and Profile.) I did work for pay picking up trash at the school and my unpaid work experience at Top 40 turned into a part time paid job.**

**I have been employed at Top 40 video approximately 3 hours a week since May of 2001. I am responsible for inputting information about returned videos into the computer, returning the videos to the shelves and occasionally waiting on customers.**

**My most recent unpaid job experience has been with the Lake County Courthouse. I am responsible for performing quality control, double checking the receipt book and computer to ensure that property taxes which have been paid are recorded as such in the computer.**

D. Circle highest grade of school completed.

0 1 2 3 4 5 6 7 8 9 10 11 12 GED or High School Equivalency

**I will graduate from High School in June 2002**

College: 1 2 3 4 Graduate Doctorate

1. Were you awarded a college or postgraduate degree?  **NO**

If "NO," skip to 2.

When did you graduate?

What type of degree did you receive?

In what field of study?

2. Did you attend special education classes?  **YES**

Name of School: **Polson High School**

Address: **111 4<sup>th</sup> Ave, Polson MT 59860**

Dates Attended: **September 1998 - Current**

Type of Program: **Adapted high school classes with Special Education support, and community-based Vocational Program**

E. Have you completed any type of special job training, trade or vocational school?

YES      NO

If "NO," skip to F.

If "YES," complete the following:

Type of training:

Date completed:

Did you receive a certificate or license?

If "NO," skip to F.

If "YES," what kind of certificate did you receive?

F. Have you ever had or expect to have a vocational evaluation or an Individualized Written Rehabilitation Plan (IWRP) or an Individualized Plan for Employment (IPE)?

YES     **My high school team completed my Vocational Profile.**

**I currently have an open case with Vocational Rehabilitation.**

If "NO," skip to Part III (page 5).

If "YES," attach a copy of the evaluation and skip to Part II (page5).

If you cannot attach a copy, complete the following:

When were you evaluated or when do you expect to be evaluated or when was the IWRP or IPE done or when do you expect it to be done?

Show name and address and phone number of the person or organization who evaluated you or will evaluate you or who prepared the IWRP or IPE or will prepare the IWRP or IPE.

**B. V., Vocational Rehabilitation Counselor  
Kalispell, MT 59903**

### **PART III - YOUR PLAN**

**I want my plan to begin (month/year) June 1, 2002 and my plan to end (month/year) May 30, 2004.**

List the steps in sequence that you will take to reach this work goal. Be as specific as possible. If you are attending school show the courses you will study each quarter/semester. Include the final steps to find a job once you have obtained the tools, education, services, etc., that you need.

<b><u>Accomplishments prior to PASS submission</u></b>	<b><u>Beg. Date</u></b>	<b><u>End Date</u></b>
<b>Participate in 8 community-based work experiences</b>	<b>10/2000</b>	<b>5/2002</b>
<b>Complete Vocational Profile</b>	<b>12/00</b>	
<b>Apply for Developmental Disabilities services (found eligible, on waiting list)</b>	<b>3/01</b>	
<b>Perform job development for paid job</b>	<b>3/02</b>	<b>5/02</b>
<b>Vocational Rehabilitation open case, write IWRE</b>	<b>4/02</b>	
<b>Begin paid job with school support</b>	<b>5/15/02</b>	
<b>Graduate from high school</b>	<b>6/01/02</b>	
<b><u>Steps upon approval of the PASS</u></b>		
<b>Recruit job coach/follow-along support</b>	<b>6/1/02</b>	<b>7/02</b>
<b>Establish follow-along schedule</b>	<b>7/02</b>	
<b>Recruit computer tutor</b>	<b>6/1/02</b>	<b>7/02</b>
<b>Identify programs on which Maclaen will receive tutoring</b>	<b>7/1/02</b>	<b>9/02</b>
<b>Establish schedule for ongoing tutoring</b>	<b>7/02</b>	

## PART IV - EXPENSES

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

1. Explain why less expensive forms of transportation (e.g., public transportation, cabs) will not allow you to reach your work goal.

N/A

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

IF "YES," skip to 3.

IF "NO," complete the following:

Does Part III include the steps you will follow to get a driver's license?

Who will drive the vehicle?

How will it be used to help you with your work goal?

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

4. Explain why you chose the particular vehicle. ( NOTE: the purchase of the vehicle should be listed as one of the steps in Part III.)

B. If you propose to purchase computer equipment or other expensive equipment please explain why a less expensive alternative (e.g., rental of a computer or purchase of a less expensive model) 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. I learn best given 1:1 instruction. Sometimes I need information broken down into smaller chunks and presented in a way that makes sense to me. In high school, I have received 1:1 support in my Math, English, History and Science classes and have followed an adapted curriculum and course requirements.**

C. Other than the items identified in A or B above list the items or services you are buying or renting or will need to buy or rent in order to reach your work goal. Be as specific as possible. If schooling is an item list tuition, fees, books, etc., as separate items. List the cost for the entire length of time you will be in school. Where applicable, include brand and model number of the item. (Do not include expenses you were paying at the beginning of your plan; only additional expenses incurred because of your plan are approved.) (NOTE: Be sure that Part III shows when you will purchase these items or services or training.)

1. Item/service/training:

**Job Coaching/Follow-Along Support** Cost: **\$80/month**

Vendor: **Don Dubuque (teacher from school)**

How will this help you reach your goal? **I need support problem solving and negotiating social interactions or conflicts at work.**

How will you pay for this item? **Monthly payment**

How did you determine the cost? **The going cost in Polson, Montana if I purchase this service from an established agency is \$45 per hour. Don has given me a bid of \$20 per hour. I am estimating that I will need an average of 4 hours a month of follow-along support.**

Why wouldn't something less expensive meet your needs? **This is below going rate.**

2. Item/service/training:

**Transportation** Cost: **\$60 a month**

Vendor: family member (**parent, sister or grandparent**)

How will this help you reach your goal? **I will need rides to and from work during inclement weather and will need rides to work during the summer. I do not drive and there is not public transportation in Polson.**

How will you pay for this item? **Monthly payments**

How did you determine the cost? **I estimated \$10 a week plus money for gas.**

Why wouldn't something less expensive meet your needs? **This is the most inexpensive option.**

3. Item/service/training:

**Computer Tutoring** Cost: **\$25 per hour for 3-4 hours a month**

Vendor: **A friend of the family, Rick Moderie, who has computer expertise has offered his support.**

How will this help you reach your goal? **I need 1:1 tutoring to learn to use computer programs which would lead to career advancement for me.**

How will you pay for this item? **Monthly payments**

How did you determine the cost? **I surveyed local providers.**

Why wouldn't something less expensive meet your needs? **This is below the going rate.**

**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**

**E.** What are your current expenses each month (rent, food, utilities, phone, property taxes, homeowner's insurance, automobile repair and maintenance, public transportation costs, clothes, laundry/dry cleaning, charity contribution, etc.)? **\$545.00 a month.**

**PART V - FUNDING FOR WORK GOAL**

**A.** Do you plan to use any items you already own (e.g., equipment or property) to reach your goal? **X NO**

If "NO," skip to B

If "YES," complete the following:

ITEM: VALUE:

How will this help you reach your work goal?

**B.** Have you any saved money to pay for the expenses listed in Part IV? (Include cash on hand or money in bank account.) **X NO**

If "NO," skip to C

If "YES," how much have you saved?

**C.** Do you receive or expect to receive income other than SSI payments? **X YES**

If "NO," skip to F

If "YES," provide details as follows:

<u>TYPE OF INCOME</u>	<u>AMOUNT</u>	<u>FREQUENCY</u>
<b>Wages</b>	<b>\$533.00</b>	<b>Monthly</b>

**(23 hours a week at \$5.15 per hour for 4.5 weeks a month. This will be contingent upon Maclaen's placement into a job.)**

**D.** How much of this income will you use each month to pay for the expenses listed in Part IV?  
**All countable earned income.**

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

If "NO", skip to F.

If "YES", how will you keep the money separate from the other money you have?

Name of Bank: **Glacier Bank**

Address: **14 Second Ave., W. Polson, MT 59860-2129**

Account Number: **xxxxxxxx-xxxxxxxx**

**F.** Will any other person or organization (e.g., Vocational Rehabilitation, school grants, Job Partnership Training Assistance (JTPA) pay for or reimburse you for any part of the expenses listed in Part IV or provide any other items or services you will need?

If "NO," skip to Part VI  
 If "YES," provide details as follows:

<u>WHO WILL PAY</u>	<u>ITEM/SERVICE</u>	<u>AMOUNT</u>	<u>WHEN WILL ITEM/SERVICE BE PURCHASED?</u>
<b>VR</b>	<b>Will pay for computer tutoring and my initial wages while performing my working interview at a prospective job.</b>	<b>\$463.50 wages</b>	<b>4/9/02-6/30/02</b>
<b>Polson Schools</b>	<b>Job development/coach</b>	<b>\$1600</b>	<b>April- June 1</b>
<b>Polson Schools</b>	<b>Vocational Profile</b>	<b>\$750</b>	<b>Junior year of high school</b>
<b>Consulting re:</b>	<b>Employment and PASS</b>	<b>\$3,000</b>	<b>Began 9/00 and will continue until Maclaen becomes employed</b>

**PART VI - REMARKS**

**I will graduate from high school this spring, 2002. By planning ahead and securing PASS funding ahead of time, I will become eligible for extended supports from Vocational Rehabilitation. The PASS plan will serve as a source of assistance to better ensure that I will maintain my job after I no longer have access to school supports (following graduation). In rural areas such as Montana, I need to access all available resources to become employed. Combining funds from Vocational Rehabilitation, supports from the school, and funds through my PASS plan I will have resources available to support a smooth transition from school to employment.**

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 asked to provide them to SSA;
- \* Use the income or resources set aside under the plan only to buy the items or services shown in the plan as 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 received.

I also realize that SSA may not approve any expenditure 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 all the information I have given on this form is true.

Signature

Date

Address

Telephone: Home:

Work:

## PRIVACY ACT STATEMENT

The Social Security Administration is allowed to collect the information on this form under section 163 (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.

## PAPERWORK REDUCTION ACT AND TIME IT TAKES STATEMENT

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. We estimate that it will take you about 120 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.

## OUR RESPONSIBILITIES TO YOU

We received your plan for achieving self-support (PASS) on \_\_\_\_\_. Your plan will be processed by Social Security employees who are trained to work with PASS.

The PASS expert handling your case will work directly with you. He or she will look over the plan as soon as possible to see if there is a good chance that you can meet your work goal. The PASS expert will also make sure that the things you want to pay for are needed to achieve your work goal and are reasonably priced. If changes are needed the PASS expert will discuss them with you.

You may contact the PASS expert toll-free at XXX-XXX-XXXX.

## 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 plans.

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.