



COUNSELING RECORD - NARRATIVE REPORT (SUPPLEMENTAL SHEET)

FIRST NAME, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Jan T Ozlowski

VA FILE NUMBER

TRA-77-1234

PLAN DEVELOPMENT NARRATIVE

1. VOCATIONAL EXPLORATION - Document the activities, assignments and results of the vocational exploration activities:

Jan utilized OOH, O-NET, and local labor market research to explore her vocational options. She is interested in three closely related programs of study at this time: Systems Administration, Computer Programming, and Data Analysis. Jan is conducting additional research prior to making her final decision; however, Jan anticipates choosing one of the programs of study prior to enrolling in full-time coursework next semester.

2. OBSERVATIONS FROM APTITUDE AND INTEREST TESTING AND ABILITIES (38 CFR 21.50)

All three of the programs of study in which Jan is interested are compatible with her SCDs. Jan is currently performing well in her Computer Programming course along with her Business Writing and Algebra. Vocational assessments conducted (including the CAI, Slosson Intelligence Test, and 16 Personality Factor Questionnaire) indicate that the computer programming field is compatible with Jan's skills, aptitude, and interests. Jan's combined SCD for CPOD (30%) and Hypertension (10%) is 40%, and the sedentary work environment and work hours will not adversely impact Jan's SCDs.

3. ASSESSMENT OF BASIC INDEPENDENT LIVING (IL) NEEDS

A. Can the claimant manage his or her personal hygiene, clothing and dressing without help?

YES NO

B. Can the claimant manage his or her nutrition, health care, and medication management without help?

YES NO

C. Can the claimant drive a car or use public transportation safely, if available?

YES NO

D. Can the claimant enter and exit his or her home without assistance?

YES NO

IDENTIFIED IL NEEDS:

E. For each identified need, explain how the need affects the claimant's activities of daily living below: Not applicable.

F. There were no identified basic IL needs

4. FOR AUTOMATIC ENTITLEMENT (NDAA) ONLY- identify and explain the claimant's disabilities that contribute to his or her vocational impairment(s) below:

Not applicable.

5. TYPE OF Veteran Readiness and Employment plan ((38 CFR 21.80) - select the type of plan and explain the reason for selecting the plan.

IEEP:

IEAP (Limited Employment Services under 38 U.S.C. 3117);

IILP:

IWRP/IEAP:

During her military service, Jan worked in repair and maintenance which has relative insignificance to the civilian job market. Since her discharge Jan has looked extensively for employment, but has not been successful in this endeavor. She is restricted in the types of employment she can consider because of the limitations caused by her SC conditions. Her education and work experience do not provide her with sufficiently appropriate qualifications to enable her to compete in the civilian job market.

Jan requires training to complete a four-year degree program as well as vocational counseling and rehabilitation planning for employment services. Jan began taking college courses during the current semester under Chapter 33 after being released from active service. She has been performing well in these courses and has confirmed a vocational goal of Systems Administration, Computer Programming, and Data Analysis. This goal is consistent with her interests, aptitudes, and abilities. The training and employment services will assist her in obtaining and maintaining suitable employment.

IWRP/IEAP (Fast Track):

IWRP

6. SUITABILITY OF SELECTED VOCATIONAL OR EMPLOYMENT GOAL (For IEEP, IWRP, and IEAP - identify the selected vocational goal and justify compatibility of the chosen vocational goal with the claimant's service-connected disabilities).

Jan's combined SCD for CPOD (30%) and Hypertension (10%) is 40%, and the sedentary work environment and work hours will not adversely impact Jan's SCDs. Jan is restricted in the types of activities in which she can engage. Her COPD condition, with hypertension, prevent her from engaging in any activity in which she must exert herself. Exertion beyond a light to moderate level causes shortness of breath and accompanying dizziness, along with a dramatic increase in her blood pressure. Consequently, Jan is restricted to activities which are light to sedentary in nature.

7. DESCRIPTION OF THE OBJECTIVES AND SERVICES NEEDED TO ACHIEVE PLANNED GOAL (For selected type of plan - include any needed special services).

Objectives of the plan include retraining to earn a bachelor's degree in Computer Science, employment services to include resume, interview, and job seeking strategies, and referrals for medical services. VRC will clearly communicate the IWRP process including how agency decisions will be made while helping the individual return to suitable employment; explore the individual's unique circumstances to identify the specific vocational assets, limitations, and services needed to develop an effective plan to achieve suitable employment; develop a rehabilitation plan with the individual; orient the individual to the Job Resource Lab and other available resources, and make referrals for specialized placement assistance if needed; monitor, evaluate and document the individual's progress and make determination of job suitability based on contacts with the individual, employers, and other placement resources (contract vendors, State VR, DOL, DVOP); recommend any other vocational rehabilitation services that may be needed to achieve successful rehabilitation.

8. ELECTION OF BENEFITS (38 CFR 21.264, Public Law 111-377)

- CHAPTER 31 SUBSISTENCE ALLOWANCE -
- POST 9/11 SUBSISTENCE ALLOWANCE

9. RETROACTIVE INDUCTION/RETROACTIVE REIMBURSEMENT (38 CFR 21.282) (For IWRP only, and Claimant must actively participate in the proposed plan of services):

- YES NO

If "Yes", identify and briefly explain the reason for reimbursement below:

Jan indicated that she did not have any out of pocket expenses for courses she completed while using her CH 33, Post 9/11 GI Bill. Therefore, a retroactive reimbursement is not applicable.

10. LEVEL OF CASE MANAGEMENT APPOINTMENT (For selected type of plan):

- LEVEL 1 LEVEL 2 LEVEL 3

Justify selected case management level below:

It will be necessary to follow-up and meet with Jan quarterly to ensure she remains on track with her training and job preparation. It is critical that she receive case management to ensure she is maintaining good health and routine visits with her health professionals.

11. LEVEL OF APPROVAL:

- PROGRAM COST (High Cost Facility, Self-Employment, Independent Living). Select highest level of approval: VR&E Counselor

Tuition: \$500/course * 3 courses = \$1,500.00 Books: \$250.00 – Program approval not needed; costs will not exceed \$25,000 per year

- Veteran Readiness and Employment Officer or Designee RO DIRECTOR
- VR&E SERVICE DIRECTOR
- REDUCED WORK TOLERANCE (Approved by VA Physician)
- CHAPTER 31 ONLY PROGRAMS OF TRAINING OR COURSES (Approved by the Director of VR&E Service)
- ENTITLEMENT EXTENSION (Approved by Veteran Readiness and Employment Officer)

SIGNATURE

Leslie Barksdale

TITLE

Vocational Rehabilitation Counselor

DATE SIGNED

7/09/2020



ELECTION FOR CH 31 SUBSISTENCE ALLOWANCE (CH31SA) RATE OR POST 9/11 SUBSISTENCE ALLOWANCE (P911SA) RATE

First, Middle Initial, Last Name of Claimant

VA File No.

This is to certify that I understand and agree with the following statements for election of my subsistence allowance rate:

- a. I have been found entitled to VA Chapter 31 and Chapter 33 (VA Post 9/11 GI Bill) benefits.
- b. My entitlement to both benefits means that I may elect to receive P911SA instead of CH31SA; however, I cannot receive benefits from both programs at the same time.
- c. I have reviewed the P911SA and CH31SA rates.
- d. I have provided a copy of my Certificate of Eligibility (COE) from Education in order to receive P911SA rate.
- e. I acknowledge that my remaining entitlement under CH33 is months and days.
- f. I acknowledge that my remaining entitlement under CH31 is months and days.

Below is my election for my subsistence allowance rate:

- I elect to receive my P911SA rate to begin effective .
- I elect to receive my CH31SA rate to begin effective .
- I authorize my assigned VRC to elect the subsistence allowance rate that is the most beneficial (the highest rate) based on the type of training program to begin effective .

Note: My election above is in effect unless I elect a new rate by notifying my VRC in writing.

Claimant's Signature

Date

Jan Ozlowski