Canada Pension Plan Disability Vocational Rehabilitation Program
INDIVIDUAL WRITTEN REHABILITATION PLAN (IWRP)

Client Name:	Service Provider:
Client Identifier Number:	Consultant:
Client Address:	Consultant Telephone Number:
Client Telephone Number:	Date (YYYY-MM-DD)
Service Canada VR Case Manager:	Original/Revised: (Choose an Item)

Client Profile

Current Education/Training:
Current Skills and Abilities:
Previous Occupation(s):
Current Certification(s):
Education Goal(s):
Future Job Expectation(s):

Employment Goals

Choose an Item:	Choose an Item:
List Vocational Rehabilitation short & long term goals:	

Projected Costs

*costs must be outlined per fiscal year April 1-March 31

Client Development and Skills Training (*provide a description of the funding, including travel costs*)					
Service / Goods / Strategies required	Provider (*funding source*)	Start Date	End Date	Fiscal Year (*1, 2, or 3*)	Cost

Job Search: Preparation, Active Job Search, Job Development and Placement, and/or Job Retention Supports (*provide a description of the funding, including travel costs*)					
Service / Goods / Strategies required	Provider (*funding source*)	Start Date	End Date	Fiscal Year (*1, 2, or 3*)	Cost

Employment Follow-Up and On-the-Job Evaluation (*provide a description of the funding, including travel costs*)					
Service / Goods / Strategies required	Provider (*funding source*)	Start Date	End Date	Fiscal Year (*1, 2, or 3*)	Cost

Total costs	Fiscal Year 1:
	Fiscal Year 2:
	Fiscal Year 3:
	Total:

Breakdown of Costs

Service Canada:		Client (if applicable):	
Third Party Partner:		Other:	

Client Identifier Number:

The information you provide is collected under the authority of the *Canada Pension Plan (CPP) Act* and the Canada Pension Plan Regulations (CPPR) for the purpose of administration of the Canada Pension Plan Disability Vocational Rehabilitation program.

Participation in the CPP Disability Vocational Rehabilitation program is voluntary. Refusal to provide personal information will result in you not being considered for the Vocational Rehabilitation program.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act* the *Privacy Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information**,** which is described in Personal Information Bank ESDC PPU 146, Canada Pension Plan Program. Instructions for obtaining this information are outlined in the government publication entitled **Info Source**, at: **www.canada.ca/infosource-ESDC**. *Info Source* may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the **Privacy Commissioner of Canada** regarding the institution's handling of your personal information at: **www.priv.gc.ca/en/report-a-concern/**.

Client Signature

☐ I accept this plan and agree to the following:

- Service Canada agrees to pay for the costs outlined in this plan;
- It is my job to look for work as part of my plan;
- I will inform the service provider of any changes which could affect my plan; and
- Approval is needed if my plan changes.

☐ I do not accept this plan. Please see my comments.

Client Signature:	Date (YYYY-MM-DD)

Additional Comments:

Client Identifier Number:

Physician/Nurse Practitioner signature	
☐ I agree with the rehabilitation plan as outlined. I have no medical concerns with the client's active participation in this rehabilitation plan. ☐ I do not agree with the rehabilitation plan as outlined. Please see my comments.	
Physician/Nurse Practitioner signature:	Date (YYYY-MM-DD)
Additional Comments:	

Consultant signature:	Date (YYYY-MM-DD)
Service Canada VR Case Manager signature:	Date (YYYY-MM-DD)
Additional Comments:	