



PLAN FOR ACHIEVING SELF-SUPPORT (NON-DISABLED)

Name: _____ SSN: _____

PART I – YOUR GOAL

A. What is your work goal? (Indicate the specific job you expect to have at the end of the plan. If you are under-going vocational evaluation to determine a feasible goal, show “VR Evaluation.” If your goal involves a supported employment position, indicate 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-employment income? \$ _____/month

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

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 – VOCATIONAL/EDUCATIONAL BACKGROUND

A. 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 Title	Type of Business	Dates Worked	
		From:	To:

B. Check the line which describes the highest education level you have completed:

- ☐ Elementary school ☐ High school graduate or G.E.D. ☐ Trade or vocational school
☐ Other (specify): _____

If you completed one or more courses in a trade
or vocational school, list the trade(s) you learned: _____

C. Describe any other training you have received:

D. 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:

E. 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?

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., one-time 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., one-time 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., one-time 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., one-time 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., one-time payment, monthly payments)?

How did you determine the cost:

B. If you proposed 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?
(Indicate the total amount of 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.)

Income Source	Frequency (i.e. monthly, weekly)	Amount
		\$
		\$
		\$

- 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:

Item/Service	Who will pay for item or service	When will item or service be purchased?	Amount
			\$
			\$
			\$

PART VI – REMARKS

PART VII – AGREEMENT

If my plan is approved, I agree to:

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- * Comply with all of the terms and conditions of the plan as approved by the Department of Children and Families;
- * Report any changes in my plan to the department 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 the department;
- * Use the income or resources set aside under the plan **only** to buy the tems or services approved by the department.

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, the department will count the income or resources that were excluded and I may have to repay the additional benefits I received. I also realize that the department 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 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: _____

YOUR REPORTING AND RECORDKEEPING RESPONSIBILITIES

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

- * 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 some or all of the benefits you received.

PASS (Non-Disabled-ND) Special Instructions

Outside Resources

- A. The PASS-ND plan may be used as part or all of the Independent Living case plan required under section 409.165(b)1., Florida Statutes. Currently, only children receiving SSI may utilize a PASS plan to increase the monthly SSI allotment. However, it may be possible to seek such an increase from SSA, the Veterans' Administration, and Railroad Retirement for individual children, based on resources that might have been available to the deceased parent (e.g., tax credit for prepaid college tuition plan, veterans' college benefits, any educational funding or plan available through Railroad Retirement).
- B. Since the amount of a child's SSA, Veterans, or Railroad Retirement benefits are dependent on the deceased parent's earnings, a request for increase need not be based on received or anticipated income or resources apart from the child's benefit allotment. However, such income or resources can be used to support a request for increase. Such outside income or resources, dependent on individual circumstances, may include, but are not limited to:
 - 1. Personal allowance (\$15 mo.).
 - 2. Fee waiver (see Chapter 11, HRSOP 55-7, Fee Assessment and Collection, April 1, 1995).
 - 3. Approved allowance from child's individual current needs trust account (dependent on individual circumstances).
 - 4. AFDC/WAGES eligibility (to be determined from AFDC/WAGES rate structure; benefits from AFDC versus WAGES benefits must be compared and the higher amount claimed).
 - 5. Child's income from employment.
- C. Items 1 and 4 should always be listed under Section V, Part C of the PASS-ND form.
- D. Item 2 shall be listed on Section V, Part C of the PASS application only after a request for fee waiver has been approved through the district fee waiver committee.
- E. Item 3 may be claimed upon supervisory approval and notification to the district fiscal office to establish a PASS-ND trust subaccount for the child and deposit an amount equal to the approved allowance in the PASS-ND account on a monthly basis to be saved for the educational/vocational needs of the child as specified in his or her PASS-ND plan.
- F. A SSA, VA, or Railroad Retirement benefit recipient under the age of 15 may be eligible for PASS-ND participation if a current need or justification for such participation can be established. For example, the child's outstanding scholastic achievement or special talent or aptitude might support a PASS-ND plan to fund prepaid college tuition insurance, a specialized apprenticeship, or other specialized training. In such cases, a PASS-ND plan should be completed in accordance with the above guidelines.