



# Transition Planning Guide







**ASSISTING INDIVIDUALS WITH** disabilities transition from facilities to the community requires careful planning, coordination and communication. The following are considerations that the Money Follows the Person (MFP) team have found to be critical in assuring success. This list is not meant to be all inclusive but is based on MFP experience with transitioning. It is hoped that the questions and considerations listed will stimulate other questions and considerations. It is essential that each transition be tailored to the individual and his/her needs, recognizing one size does not fit all. The questions presented in this guide are directed to the individual transitioning while understanding it may take a support team to assist with the transition. Some questions may need to be answered by his/her support team on behalf of the individual. Please note that a funding source or a natural support should be identified for all determined needs.

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## Getting Started

Who will help you meet your daily support needs?

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- Is the support paid?  yes  no
- Will natural supports be in place?  yes  no

Do you need an Intellectual Disability or Brain Injury waiver slot?  yes  no  
Has a reserved capacity slot been requested through a Medicaid application?  yes  no  
Has it been granted?  yes  no

Does your Level of Care for waiver need to be updated?  yes  no  
Do you have a current psychological evaluation and/or documentation of appropriate diagnosis for the waiver?  yes  no

Do you have a guardian?  yes  no  
Does your guardian agree with the transition?  yes  no

Is a guardian needed before the transition?  yes  no

Do you need 24 hours of support?  yes  no  
Can you safely have time without supervision from a care provider?  yes  no  
If yes, what is the maximum amount of time for this and what supports need to be in place to ensure your safety and success with this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will notify Medicaid/Department of Human Services Income Maintenance worker of the transition and the new address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Housing

Where are you moving? \_\_\_\_\_  
\_\_\_\_\_

Who is responsible for finding housing? \_\_\_\_\_  
\_\_\_\_\_

If housing has been found, does it meet your financial and accessibility needs?  yes  no

Who will/can sign the lease? \_\_\_\_\_

Can the housing support the voltage requirements for electrical medical equipment and what is the emergency medical back up arrangements?  
\_\_\_\_\_  
\_\_\_\_\_

Is subsidized housing available?  yes  no  
If so, who will make the application? \_\_\_\_\_

Who will follow up with any housing subsidy waiting lists? \_\_\_\_\_

Who will make application for utility assistance?  
\_\_\_\_\_

Who will set up utilities? \_\_\_\_\_  
Who will pay utilities? \_\_\_\_\_

How much will you need for deposits and rent and how much will you need on-going? \_\_\_\_\_  
\_\_\_\_\_

Will you have nearby access to community resources? (Examples: groceries, banks, rehab services)  yes  no

## Medical or Physical Conditions that Impact Lifestyle

Who is your primary care doctor \_\_\_\_\_  
\_\_\_\_\_

Will this be your doctor after the transition?

yes  no

Has an appointment been scheduled?

yes  no \_\_\_\_\_

How many days' worth of medication is the discharge facility able to provide? \_\_\_\_\_

Will prescription(s) be sent with you or to the pharmacy? \_\_\_\_\_

How long are the prescriptions valid? \_\_\_\_\_

Are there any medications which require blood work be drawn in order to obtain medication?

yes  no \_\_\_\_\_

Does the pharmacy stock these medications?

yes  no \_\_\_\_\_

Are there over-the-counter medications that will be needed?  yes  no

Who will be responsible to provide over-the-counter medications? \_\_\_\_\_

How do you take medications? Who supports it? Can you self-medicate?  yes  no

Who orders medications? \_\_\_\_\_

What PRN (as needed) medications are needed? \_\_\_\_\_

Who determines when they are needed? \_\_\_\_\_

Are your medications going to be covered by insurance once you leave the facility?  yes  no

Are they available at the pharmacy of choice? \_\_\_\_\_

Everyone should be aware that there will be copayments and charges for over prescriptions and over-the-counter medications.

What medical specialists need to be established?  
\_\_\_\_\_  
\_\_\_\_\_

Who makes your medical appointments? \_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies?  yes  no  
\_\_\_\_\_

Do you have a history of seizures?  yes  no  
How do the seizures present themselves? \_\_\_\_\_  
\_\_\_\_\_

What do the seizures look like? \_\_\_\_\_  
\_\_\_\_\_

What is the seizure protocol? \_\_\_\_\_

Are you diabetic?  yes  no  
If so how do you meet these needs? How will diabetic supplies be obtained and who will provide them? (Examples: meters and strips) How do you manage your diabetes and can you give your own injections? \_\_\_\_\_  
\_\_\_\_\_

Do you have any diet restrictions?  yes  no  
If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

Do you have any contagious diseases?  yes  no  
If so, what supports are necessary to manage this condition? \_\_\_\_\_

Do you have any special considerations regarding your medical diagnosis?  yes  no  
Are any nursing services needed? (Example: epilepsy injections) \_\_\_\_\_  
\_\_\_\_\_

Do you need incontinence supplies?  yes  no  
Who is responsible to get those? \_\_\_\_\_  
\_\_\_\_\_

Be aware that prescriptions and preauthorization are needed for incontinence supplies.

What is your preferred emergency medical care hospital? \_\_\_\_\_

Do you smoke?  yes  no

What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Psychiatric, Mental Health and Behavioral Health

- What are your diagnoses(s) and how do they manifest? \_\_\_\_\_  
\_\_\_\_\_
- Are your medications going to be covered by insurance once you leave the facility?  yes  no  
Are the medications available at the pharmacy of choice?  yes  no
- Do you have schedule 2 medications prescribed?  yes  no  
What are the protocols in place for storage and handling? \_\_\_\_\_
- Do you take any psychotropic PRN medications?  yes  no  
If so what are the protocols in place for when they can be administered? \_\_\_\_\_
- When was your last psychological evaluation? \_\_\_\_\_  
When is it due again? \_\_\_\_\_
- Do you have a psychiatrist?  yes  no  
Are appointments set up?  yes  no  
This should be set up prior to the transition.  
What is your new psychiatrist's procedure for appointments? \_\_\_\_\_
- Do you have interfering behaviors?  yes  no  
What do the interfering behaviors look like? \_\_\_\_\_  
\_\_\_\_\_
- Do you have inappropriate sexual behaviors to be aware of?  yes  no
- Has there been any recent police involvement?  yes  no
- Do you have a therapist?  yes  no  
If so, have appointments been made? For when?  
\_\_\_\_\_
- Have you had any ER visits/hospitalizations in the last year?  yes  no  
Why were you hospitalized? \_\_\_\_\_  
\_\_\_\_\_
- Where were you hospitalized? \_\_\_\_\_
- Do you have a history of substance abuse? \_\_\_\_\_  
If so what is your drug of choice? \_\_\_\_\_  
What supports are needed to support your recovery? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you been involuntarily discharged from any other facilities?  yes  no  
If so why? \_\_\_\_\_  
\_\_\_\_\_
- What tips and tricks for meeting behavioral support needs have been used in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- For individuals with a brain injury, when did your injury occur and how? \_\_\_\_\_  
\_\_\_\_\_  
Did it change your behavior?  yes  no  
What is your level of awareness into your injury?  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have behaviors of concern in certain environments?  yes  no \_\_\_\_\_
- Do you have a history of past trauma and abuse?  yes  no \_\_\_\_\_  
Have you had treatment for past trauma and abuse and/or is it still needed?  yes  no \_\_\_\_\_
- Are there or has there been any behavioral support plans in place?  yes  no  
If so does this plan need to be carried over to your new home?  yes  no  
Does the behavioral support plan need to be modified for your new home environment?  
 yes  no  
Do you need a system in place to track behaviors?  
 yes  no
- Are there any environmental modifications needed to be made to your new home for safety purposes?  
\_\_\_\_\_
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Durable Medical Equipment/ Assistive Devices

- What durable medical equipment do you own?  
\_\_\_\_\_  
\_\_\_\_\_
- What needs to be purchased? Who will purchase it?  
\_\_\_\_\_  
\_\_\_\_\_
- Has there been a face to face assessment for durable medical equipment with a community medical provider?  yes  no
- Is renting equipment needed until preauthorization is obtained an option? (Example: hospital bed)  
 yes  no
- What kind of disposable supplies do you need?  
\_\_\_\_\_  
\_\_\_\_\_

What is your current level of use? \_\_\_\_\_

What is the level of usage supported by Medicaid?  
\_\_\_\_\_

How will the difference be addressed if there is one? \_\_\_\_\_

- Do you need assistive devices?  
(Examples: walker, hearing aid, communication device, Project Lifesaver)  yes  no  
Do these need to be purchased?  yes  no  
How will they be maintained? \_\_\_\_\_  
\_\_\_\_\_
- What basic first aid supplies do you need?  
 Blood pressure  Thermometer  Scale  
 Other \_\_\_\_\_
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Assistance

- How do you communicate? \_\_\_\_\_  
If there is a communication device, how do you use it? \_\_\_\_\_  
Who will help you maintain and/or update it?  
\_\_\_\_\_
- Do you have positioning needs?  yes  no  
What supports do you need to meet these needs?  
\_\_\_\_\_  
\_\_\_\_\_

Is assistance/supervision is needed for:

- Cooking
  - Dressing
  - Bathing
  - Toileting
  - Oral hygiene
  - Cleaning
  - Accessibility
  - Shopping
  - Menstrual cycles
- Do you need any adaptive devices to complete any of these tasks?  yes  no
  - What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Public Safety

- Do you know what to do in case of an emergency?  
 yes  no
- Do you know who to call if you do not feel safe or need assistance? \_\_\_\_\_
- Do you have a disaster plan in place to cover your needs in the case of a disaster?  yes  no
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Transportation

- What mode of transportation will you be using and do you need support arranging it? \_\_\_\_\_  
○ yes ○ no  
Who is paying for it? \_\_\_\_\_
- What support do you need for transportation?  
\_\_\_\_\_  
Is there a certain seat you need to sit in? \_\_\_\_\_  
Do you need to be a divider for safety purposes?  
○ yes ○ no  
Do you need to be transported in a van?  
○ yes ○ no  
Is there accessible transportation available when transport is needed? ○ yes ○ no
- Is the community accessible? ○ yes ○ no  
(Examples: curbs, stairs, crossing the street)
- Are you safe in traveling in a vehicle? ○ yes ○ no  
What accommodations or support have been used in the past to help you be safe while traveling?  
\_\_\_\_\_  
\_\_\_\_\_
- Are there any assistive devices that are needed during transportation? ○ yes ○ no  
(Examples: harnesses, calming devices)
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

### If still in school:

- What is your home school district? \_\_\_\_\_  
What school district will you go to after the transition? \_\_\_\_\_
- Who will authorize the school records to be transferred if you are transferring schools? \_\_\_\_\_
- Do you have an Individual Education Plan or 504?  
○ yes ○ no
- Is there a summer program available for you to attend? ○ yes ○ no  
What does this program look like? \_\_\_\_\_
- What does the school's transportation look like?  
\_\_\_\_\_  
\_\_\_\_\_
- Are you involved in extracurricular activities? \_\_\_\_\_  
If so, which activities will you be involved in?  
\_\_\_\_\_  
Are there supports needed for participation?  
○ yes ○ no

### If out of school:

- Where did you graduate from high school? \_\_\_\_\_  
\_\_\_\_\_ When? \_\_\_\_\_  
Was it a  certificate or  diploma?

### Regardless of Age:

- What educational skills do you have? \_\_\_\_\_  
\_\_\_\_\_  
(Examples: reading, writing)
- Would you like to continue your education?  
○ yes ○ no  
What supports are needed to complete this?  
\_\_\_\_\_  
\_\_\_\_\_
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Employment

- Do you want to work?  yes  no  maybe
- Have you had any past volunteer/work experience at school or in community?  yes  no
- Have you completed any training programs?  
 yes  no \_\_\_\_\_  
Has there been a certificate earned?  yes  no
- What tasks have you completed at your jobs in the past? \_\_\_\_\_  
\_\_\_\_\_
- Do you have your I-9 information?  yes  no  
(Examples: driver's license, state ID, SS card.)  
If not, who will help you obtain identification?  
\_\_\_\_\_
- Have you been referred to Vocational Rehabilitation?  yes  no  
If not who will do that? \_\_\_\_\_
- What supervision is required for you to be successful with employment? \_\_\_\_\_
- Have you received job coaching in the past?  
 yes  no
- Do you have prevocational experience?  
 yes  no  
What was the duration? \_\_\_\_\_
- Do you have any segregated employment experience?  yes  no
- Have you completed any employment/vocational assessments?  yes  no  
If so, are the results available?  yes  no
- What community rehabilitation programs (CRP) have you worked with? \_\_\_\_\_
- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Money Management

- Do you have a representative payee?  yes  no  
If so, will your representative payee continue after the transition?  yes  no  
If you do not have a representative payee, do you need one before the transition?  yes  no
- How will you access cash from your representative payee? \_\_\_\_\_
- Is your guardian also a conservator?  yes  no
- Who will notify Social Security of the change in living arrangements? \_\_\_\_\_
- Do you have past financial concerns/liens/debts owed?  yes  no
- Do you need a new bank account?  yes  no  
If yes, do you need help to set this up?  yes  no  
If so, who will assist? \_\_\_\_\_
- Who will help you apply for food stamps? \_\_\_\_\_
- Do you have any trusts?  yes  no  
(Examples: burial, miller, special needs)
- What are your sources of income? \_\_\_\_\_  
\_\_\_\_\_  
Can an estimate be given on what your income will be once you transition?  yes  no \_\_\_\_\_

## Social, Leisure, Community, Family Support

- What activities can you do independently?  
\_\_\_\_\_  
\_\_\_\_\_
- What activities or places should be avoided?  
\_\_\_\_\_  
\_\_\_\_\_
- What activities do you participate in now that assistance is needed with? \_\_\_\_\_  
\_\_\_\_\_
- What new activities would you like to experience and what support do you need for this? \_\_\_\_\_  
\_\_\_\_\_
- What assistance do you need for community mobility? \_\_\_\_\_
- Do you have the ability to financially support your interests?  yes  no



## Environmental Modifications

- Does your home environment need an assessment from an Occupational/Physical Therapist for accessibility and safety?  yes  no  
Who will arrange it? \_\_\_\_\_

Who will fund it? \_\_\_\_\_

- Will you have access to the entire house?  yes  no  
Is the entire house accessible or are accommodations needed and how will it be paid?  
\_\_\_\_\_

- Do you need a calm room/sensory room?  yes  no

- Do you need vehicle modifications?  yes  no  
Who is paying for it? \_\_\_\_\_

- Does your home need any modifications needed to prevent property damage or for safety reasons?  yes  no

- Do you have any safety concerns in regards to using public restrooms?  yes  no

- What is your level of family involvement and natural supports? \_\_\_\_\_

Do you have any family you cannot have contact with?  yes  no

- What training is needed for direct support staff and/or non-paid caregivers in this area to support you? Who will provide it? What is the timeline for training? \_\_\_\_\_

## Legal

- Do you have a criminal history or outstanding warrants?  yes  no
- Do you have a court committal?  yes  no
- Do you have any restraining orders or protective orders against you?  yes  no
- Do you have any restraining orders or protective orders in place against others with whom you have had past conflict with?  yes  no
- Is there DHS involvement?  yes  no  
If so why? \_\_\_\_\_

When does DHS involvement end? \_\_\_\_\_

Does DHS agree with the transition?  yes  no

- Are you on the sex offender registry?  yes  no  
Would this affect housing?  yes  no

- Do you have a probation officer?  yes  no

- Do you have any court fines that need to be paid?  yes  no

## Rights Restrictions

- Do you want and/or need right restrictions for your health and safety?  yes  no  
What are they? \_\_\_\_\_

Do arrangements need to be made to accommodate for these prior to the transition?  yes  no

Can and will your provider(s) support these restrictions?  yes  no

(Examples: Access to food, internet, family, medical, social media and level of supervision)

## Staff and Caregiver Training

- Is there any additional training that is needed that has not been discussed? Who will provide it? What is the timeline for training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Helpful Resources



**Assistive Technology Center - Easter Seals** - The technology center houses the equipment loan service, demonstration center, lending library and used equipment referral service: [www.easterseals.com/ia/at](http://www.easterseals.com/ia/at)

**ASK Resource Center** - Education, advocacy and resource organization for parents and families. Assists families navigate through the education and health systems: [askresource.org](http://askresource.org)

**Brain Injury Alliance of Iowa** - Provides brain injury prevention, education, advocacy, support groups and training: [biaia.org](http://biaia.org)

**Center for Autism and related disorders (CARD)** - Resources, information and training on Applied Behavioral Analysis: <https://centerforautism.com>

**Consumer Choice Option (CCO)** - Information about the self-direction option available under the HCBS waivers: [dhs.iowa.gov/ime/members/medicaid-a-to-z/consumer-choices-option](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/consumer-choices-option) or [veridianfiscalsolutions.org/cco/](http://veridianfiscalsolutions.org/cco/)

**Community Connections Supporting Reentry Resource Guide** - Comprehensive resource guide for programs in various communities throughout the state: [doc.iowa.gov/quick-link/ccsr-resource](http://doc.iowa.gov/quick-link/ccsr-resource)

**Conner Training Connection Grant** - Provided funds for individuals transitioning from Woodward and Glenwood Resource Centers to pay for initial essential household set up costs: [uihc.org/ucedd/conner-training-connection](http://uihc.org/ucedd/conner-training-connection)

**Department of Housing and Urban Development (HUD)** - Rental assistance and assistance with disputes over income guidelines: [www.hud.gov](http://www.hud.gov)

**DirectCourse** - A training program facilitated by the Iowa Association of Community Providers for direct support professionals and frontline supervisors: [iowaproviders.org/directcourse](http://iowaproviders.org/directcourse)

**Disability Resource Library** - Information for, by, and about people with disabilities available in a variety of different formats; books, DVDS, reference materials, training software and assistive technology. Free research assistance it is also available: [uichildrens.org/cdd/drl](http://uichildrens.org/cdd/drl)

**Disability Rights Iowa** - Provides self-advocacy, education, non-legal advocacy and legal and systems advocacy to people with disabilities that have faced discrimination, denied services or faced abuse: [disabilityrightsiowa.org](http://disabilityrightsiowa.org)

**Epilepsy Foundation of Iowa** - Support, advocacy, education: [epilepsyiowa.org/](http://epilepsyiowa.org/)

**Food Bank of Iowa** - Locate local food pantries and resources: [foodbankiowa.org/gethelp](http://foodbankiowa.org/gethelp)

**Habitat for Humanity** - Stores throughout Iowa with a variety of used adaptive and home health equipment. Some locations can provide housing assistance: [www.habitat.org/](http://www.habitat.org/)

**Home and Community Based Services (HCBS)** - Information about waivers, programs and services available under Medicaid: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>. Administrative rules can be found at [dhs.iowa.gov/administrative-rules](http://dhs.iowa.gov/administrative-rules)

**Iowa Compass** - Information about services and supports for Iowans with disabilities, their families and services providers. Access thousands of unique local, state and national programs for people with complex health-related conditions and disabilities: [iowacompass.org](http://iowacompass.org)

# Notes

**Iowa Department of Aging** - Provides advocacy, services, training and funding for older lowans: [iowaaging.gov/news-resources/resources](https://www.iowaaging.gov/news-resources/resources)

**Iowa Department of Human Rights-Client Assistance Program (CAP)** - Assistance with negotiation, mediation and conflict resolution with programs funded under the Rehabilitation Act: [humanrights.iowa.gov/cas/pd/client-assistance-program](https://humanrights.iowa.gov/cas/pd/client-assistance-program)

**Iowa Department of the Blind** - Helps educate, train and empower blind and low vision individuals to pursue lifelong goals: [blind.iowa.gov/](https://blind.iowa.gov/)

**Iowa Finance Authority** - Affordable housing information and rent subsidy programs including the HCBS rent subsidy program: [www.iowafinanceauthority.gov](https://www.iowafinanceauthority.gov)

**Iowa Vocational Rehabilitation Services (IVRS)** - Funds and provides a variety of employment supports and training programs: [www.ivrs.iowa.gov](https://www.ivrs.iowa.gov)

**IowaHousingSearch.org** - Housing locator service to find affordable and accessible housing: [iowahousingsearch.org/](https://iowahousingsearch.org/)

**Managed Care Ombudsman Program**- Advocates for the rights and needs of Medicaid managed care members who receive long-term care services: [iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program](https://iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program)

**Mental Health and Disability Services Regions** - Can provide services for those not eligible for Medicaid but have needs related to mental health or disability status, and individuals who are Medicaid enrolled but need access to services not covered by Medicaid: [dhs.iowa.gov/mhds-providers/providers-regions/regions](https://dhs.iowa.gov/mhds-providers/providers-regions/regions)

**Occupational Therapy Assistive Technology Lab and Services** - St. Ambrose University - St Ambrose-offers a virtual tour of accessible housing, possible assistive devices, and resources that are available. They also have a lending library. [info.sau.edu/jimsplace/take-the-tour](https://info.sau.edu/jimsplace/take-the-tour)

**Office of the State Long Term-Care Ombudsman** - Investigates complaints, seeks resolutions to problems and provides advocacy for those living in facility care. [iowaaging.gov/state-long-term-care-ombudsman](https://iowaaging.gov/state-long-term-care-ombudsman)

**Special Olympics Iowa** - Information regarding regional and local events and programs: [www.soiowa.org](https://www.soiowa.org)

**The Helen Keller National Center (HKNC)** - Serves individuals who are deaf/blind. They are a resource for training and have a Midwest representative that can work with individuals/agencies on issues: [helenkeller.org/hknc](https://helenkeller.org/hknc)

**University of Iowa Intellectual Disability** - Mental Illness Program- provides comprehensive interdisciplinary care to adults with intellectual disability, mental illness and challenging behavior: [medicine.uiowa.edu/psychiatry/patient-care/intellectual-disability-mental-illness-program](https://medicine.uiowa.edu/psychiatry/patient-care/intellectual-disability-mental-illness-program)

**Work Incentives Planning and Assistance (WIPA)** - Benefits planning and assistance with applying for work incentives for those on SSDI and/or SSI who are pursuing employment: [disabilityrightsiowa.org/who-we-are/funding-partners/work-incentives-planning-assistance-wipa](https://disabilityrightsiowa.org/who-we-are/funding-partners/work-incentives-planning-assistance-wipa)

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Iowa Department  
of Human Services



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*Center for Disabilities  
and Development*

