



**DEPARTMENT OF  
VETERANS  
AFFAIRS**

**Regional Office  
Henry M. Jackson Federal Building  
915 Second Avenue  
Seattle, WA 98174-1001**

**VRE Division 346/28**

**Voice #: (206) 341-8228  
FAX #: (206) 341-8687**

**FAX COVER SHEET**

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**Please Deliver To:**

**Name of Person:**

*Gordon Graham*

**Voice #:**

**FAX#:**

**Office Address:**

**Number of pages attached: Cover + 3 Pages**

**From:**

**Name of Person:**

*Kris Hollaway*

**COMMENTS:**

**Please Call If You Did Not Receive All of The Transmittal.**



Department of Veterans Affairs

## REHABILITATION PLAN

1. DATE  
04/11/20162. FIRST - MIDDLE - LAST NAME OF VETERAN  
Gordon A. Graham

4. SOCIAL SECURITY NUMBER

5. PROGRAM PLAN

IILP

6A. TYPE OF PLAN

Original

DOT Code and Title

000 No DOT Code Required

6B. AMENDMENT NO. TO IWRP

6C. DATE OF IWRP

7. PROGRAM GOAL

To maintain activities of daily living through the participation in year round gardening activities

**NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 12.**

8A. OBJECTIVE ONE (Description)

Evaluate functional effects of disability related to performing gardening avocational activities. To determine adaptive equipment or modification and other services in order to sustain activity.

8B. ANTICIPATED COMPLETION DATE

05/2016

8C. SERVICES PROVIDED

Rehabilitation Engineer (RE)/O.T will conduct ergonomic assessment and provide VA case manager with any recommendations for adaptive equipment or site modifications as needed.

8D. DURATION OF SERVICES

FROM (Mo., Yr.)

04/2016

TO (Mo., Yr.)

05/2016

8E. NAME &amp; ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

US Dept. of Veterans Affairs VA/VR&E  
JACKSON FEDERAL BUILDING  
915 2Nd Ave  
Seattle, WA 98174

8F. PERSON TO CONTACT (If institution)

Kris Hollaway

8G. TELEPHONE NO. (Include Area Code)

(206) 341 8541

8H. EVALUATION CRITERIA

Veteran will participate and cooperate with rehabilitation functional capacity evaluation(s) in determining functional effects of pursuing gardening avocational activities.

8I. EVALUATION PROCEDURE

VR&amp;E will review RE/OT reports in order to provide and determine appropriate, functional and accessible accommodations as not to aggravate disability.

8J. EVALUATION SCHEDULE

At least once per month.

8K. PROGRESS NOTES

9A. OBJECTIVE TWO (Description)

GSA contractor will construct ADA compliant greenhouse in accordance with requirement of FAR and VR&amp;E guidelines.

9B. ANTICIPATED COMPLETION DATE

08/2016

9C. SERVICES PROVIDED

GSA Contractor will conduct work site assessment and construct ADA compliant greenhouse

9D. DURATION OF SERVICES

FROM (Mo., Yr.)

04/2016

TO (Mo., Yr.)

08/2016

9E. NAME &amp; ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICE

US Dept. of Veterans Affairs  
JACKSON FEDERAL BUILDING  
915 2nd Ave  
Seattle, WA 98174

9F. PERSON TO CONTACT (If institution)

Kris Hollaway

9G. TELEPHONE NO. (Include Area Code)

(206) 341 8541

9H. EVALUATION CRITERIA

Veteran will participate and cooperate with GSA Contractor in construction of greenhouse.

ITEM 9, CONTINUED		
9I. EVALUATION PROCEDURE VR&E will review GSA Contractor assessment of greenhouse accommodations, materials and recommendations in order to provide and determine appropriate, functional and accessible accommodations as not to aggravate disability.		
9J. EVALUATION SCHEDULE At least once per month.		
9K. PROGRESS NOTES		
10A. OBJECTIVE THREE (Description) Veteran will continue with follow-up treatment with your treating physician, making every effort to follow the physician's prescriptions and treatment outline. Provisions for gardening activities will accompany medical limitations by physician.	10B. ANTICIPATED COMPLETION DATE 04/2017	
10C. SERVICES PROVIDED Medical/dental benefits as needed.	10D. DURATION OF SERVICES	
	FROM (Mo., Yr.) 04/2016	TO (Mo., Yr.) 04/2017
10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES VA MEDICAL CENTER - BREMERTON 925 Adele Avenue Bremerton, WA 98312	10F. PERSON TO CONTACT (If institution) Loueen Boyle	
	10G. TELEPHONE NO. (Include Area Code) (360) 782-0129	
	10H. EVALUATION CRITERIA Veteran will keep all scheduled medical appointments and follow treatment recommendations as related/ needed in order to pursue avocational gardening activity. Inform case manager of additional appointment and follow-up referral needs for activity. 5K	
10I. EVALUATION PROCEDURE Discuss status of treatment of your disabilities with your assigned Case Manager during supervisory meetings. Notify your Case Manager of any changes to your health or changes in your disability condition.		
10J. EVALUATION SCHEDULE At least once per month.		
10K. PROGRESS NOTES From 5H: Review medical assessment from physician as service being developed and GSA contract awarded.		
11. CLOSURE STATEMENT		
I CERTIFY THAT I have participated in the development of this program plan. I understand it is my responsibility to cooperate in the program and make reasonable efforts on my behalf. There will be periodic and/or an annual review of the plan, at which time the VA staff members and I will have a chance to jointly redevelop it.		
12. SIGNATURE OF VETERAN	13. SIGNATURE OF COUNSELING PSYCHOLOGIST	
14. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST	15. ANNUAL REVIEW DATE	



Department of Veterans Affairs

**REHABILITATION PLAN - CONTINUATION SHEET**

2. FIRST - MIDDLE - LAST NAME OF VETERAN <b>Gordon A. Graham</b>		3. CLAIM NUMBER [REDACTED]	1. DATE	4. SOCIAL SECURITY NUMBER [REDACTED]
5A. OBJECTIVE FOUR (Description) <b>To maintain year round greenhouse activities pursuit to avocational activities</b>			5B. ANTICIPATED COMPLETION DATE <b>04/2017</b>	
5C. SERVICES PROVIDED <b>Greenhouse with walker/wheelchair accessibility for residential use. Purchase and installation according to manufacture, RE and OT specifications. Monitoring as needed.</b>			5D. DURATION OF SERVICES	
			FROM (Mo., Yr.) <b>04/2016</b>	TO (Mo., Yr.) <b>04/2017</b>
5E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES <b>US Dept. of Veteran Affairs/ VR&amp;E JACKSON FEDERAL BUILDING 915 2nd Ave Seattle, WA 98174</b>			5F. PERSON TO CONTACT (If institution) <b>Kris Hollaway</b>	
			5G. TELEPHONE NO. (Include Area Code) <b>206341 8541</b>	
5H. EVALUATION CRITERIA <b>Veteran will demonstrate greenhouse production activities, such as exhibiting new plantings, seasonal fruit and vegetables, flowers or any other activities where a greenhouse is needed.</b>				
5I. EVALUATION PROCEDURE <b>Case Manager will monitor veteran's greenhouse production activities.</b>				
5J. EVALUATION SCHEDULE <b>At least once per month.</b>				
5K. PROGRESS NOTES				
6A. OBJECTIVE FIVE (Description)			6B. ANTICIPATED COMPLETION DATE	
6C. SERVICES PROVIDED			6D. DURATION OF SERVICES	
			FROM (Mo., Yr.)	TO (Mo., Yr.)
6E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES			6F. PERSON TO CONTACT (If institution)	
			6G. TELEPHONE NUMBER (Include Area Code)	
6H. EVALUATION CRITERIA				
6I. EVALUATION PROCEDURE				
6J. EVALUATION SCHEDULE				
6K. PROGRESS NOTES				