

CUSTOMIZED SUPPORTED EMPLOYMENT INVOICE

TO: _____
Vocational Rehabilitation Program

PROVIDER NAME: _____

FROM: _____
Service Provider Representative

PROVIDER INVOICE #: _____

DATE: _____

VR AUTHORIZATION #: _____

RE: Customized Supported Employment Services

The following is a request for Customized Supported Employment Services for:

Client Name: _____

VR Client ID: _____

Customized Services Identification

\$ _____ Determination of the need for Supported Employment is completed. The Supported Employment Services Agreement form is completed with the VR Counselor and the client. The services and strategies have been identified based on the needs of the client. (This \$300 is encumbered with 110 funds).

Customized Discovery Assessment & Profile

Service Begin Date: _____

\$ _____ The provider completes a comprehensive, individualized, local community-based discovery process and provides to the VR counselor a vocational profile of client that meets customized employment standards outlined in contract. (\$2,000.00)

Customized Discovery Profile Meeting

Service Begin Date: _____

\$ _____ The provider convenes a discovery profile meeting with the customized team comprised of paid and non-paid people important to the client's customized employment development process. The aim of this meeting is to further job creation and negotiation. (\$300.00)

Customized Job Creation/Negotiation

Service Begin Date: _____

\$ _____ Job Creation/Negotiation is provided to assist in seeking and securing employment for the client. **Job Creation/Negotiation will be done based on the chosen vocational goal of the client.** Job Creation/Negotiation may be repeated, including the payment, in the event that a placement fails. Repeating job development is done at the discretion of the VR Counselor. (\$1,500.00)

Customized Training & Initiation of On-going Support

Service Begin Date: _____

\$ _____ Authorization & Invoice (A & I) will be encumbered in the amount of \$2,425.00 to the provider for the initiation of Training and On-going supports. This phase MAY begin ONCE the client is on the employer's payroll and BEGINS RECEIVING ON-GOING SUPPORTS/job coaching.

Customized Stabilization

\$ _____ Once ON-GOING SUPPORTS/job coaching for the client has diminished to only 30 percent, payment of \$1,500.00 will be made upon entry into VR Employed status.

VR Services Completion & Transition to Extended Services

Service Begin Date: _____

\$ _____ Authorization & Invoice (A/I) for payment of \$2,825.00. Payment will be issued when the client is transitioned to Extended Services. A written Extended Services plan shall be in place prior to or at the time of this payment.

The VR Counselor is the final authority on all payment authorizations.

I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such agreement for the party I represent.

I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.

Service Provider Representative Signature

Date