

# INDIVIDUAL JOB PLACEMENT SERVICES INVOICE

FROM:  
*(Service Provider Representative)*

TO:  
*(Vocational Rehabilitation Program)*

PROVIDER NAME:

DATE:

PROVIDER INVOICE #:

VR AUTHORIZATION #:

The following is a request for Individual Job Placement Services for: Client Name:

VR Client ID:

\$	<b>00270-Referral Accepted (First Payment)</b> <i>(Referral Accepted, \$750)</i>	<b>Service Begin Date:</b>
<p>Individual Job Placement Services is provided to assist participants in obtaining employment consistent with the IPE and informed choice. Referral is accepted and provider has met with a referred client, reviewed their IPE, has proceeded with identifying employment opportunities within 90 days of the referral date and has covered all work associated with identifying and obtaining employment for participant. Provider will provide follow-up services to ensure participant maintains employment for 90 days.</p>		

\$	<b>00273-Job Placement Services Completion (Second Payment)</b> <i>(Job Placement Completed \$2,000.00)</i>	<b>Service Begin Date:</b>
<p>A request for authorization must be submitted in writing upon acceptance of a job offer using the GVRA Employment Verification Form and should include the participant's start date as provided by the employer. After the participant completes 90 days of employment, the provider may submit an invoice for final payment. Successful completion of 90 consecutive days of employment will result in a final payment of \$2,000.</p>		

Business Name:

Job Location:

Phone #:

Proof of Wages:

Job Title:

Employment Start Date:

Description of work including benefits if applicable:

Description of how Participant job goal was met:

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: