

INDIVIDUAL JOB PLACEMENT SERVICES INVOICE

To: _____ **Provider Name:** _____
From: _____ **Provider Invoice #:** _____
Date: _____ **VR Authorization #:** _____
RE: Individual Job Placement Services

The following is a request for payment for Individual Job Placement Services for:

Client Name: _____ **VR Participant ID:** _____

Referral Accepted (First Payment)**Services Begin:**

\$ _____ 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. **(Referral Accepted, \$750.00)**

Job Placement Services Completion (Second Payment)**Services Begin:**

\$ _____ Individual Job Placement Services is provided to assist clients in obtaining employment consistent with the IPE and informed choice. All employment must meet the WIOA definition for CIE (see attached link to the 10/29/21 revised RSA FAQs re: CIE Definition: RSA revised CIE Definition FAQ). Employment must be in a competitive integrated environment. After 90 days of employment, provider can submit invoice for a final payment. Final payment will be determined by participant hourly wages and achievement of participant IPE job goal at the following rates: **(Successful closure after 90 consecutive days of employment \$2000.00)**

Job Failed to Last 90 Days**Services Begin:**

\$ _____ Individual Job Placement Services is provided to assist participants in obtaining employment consistent with the IPE and informed choice. If employment fails to last 90 days or it is apparent that the employment opportunity selected is not a good match for the participant, the provider can be paid an additional payment to assist the participant further in obtaining another employment opportunity. The additional fee is only available once per participant per conditions below. **(Additional Payment \$350.00)**

- Participant fails to maintain employment for 90 days and provider has only been paid \$750.00 initial fee.
- Additional fee must be authorized by a VR Counselor in advance of invoicing.
- Additional fee is only available once per participant.
- The additional fee is not eligible after the 90th day of participant employment and, can only be requested after the first position ends (prior to 90 days).
- Provider must contact Counselor and request authorization to be paid \$350.00 in advance of invoicing.

If the additional fee is authorized, the provider is required to include a statement with the final invoice explaining why the first position selected was not successful and what corrective steps were taken to find a more suitable position to ensure success if selected again for the service.

To:

Provider Name:

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Additional Payment

Services Begin:

\$ _____

Individual Job Placement Services is provided to assist participants in obtaining employment consistent with the IPE and informed choice. Providers who assist participants to obtain employment (CIE) that meet their IPE, and last more than 90 days and falls into one of the occupations listed by TCSG (Technical College System of Georgia) will be eligible for an additional fee that can be approved by VR Counselors. The list represents the occupations in each of Georgia’s key industries that are in-demand, pay an above-average entry-level wage, and considered strong options for pursuing a successful career in Georgia. See attached link for positions, qualifications, etc. that fall into this category for consideration. **(Additional Payment \$80.00)**

[HDCI Occupations List – TCSG | Technical College System of Georgia](#)

Business Name: _____

Job Location: _____

Phone Number: _____

Job Title: _____

Proof of Wages: _____

Description of work including benefits if applicable: _____

Description of how Participant job goal was met: _____

Employment Start Date: _____

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.

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

Service Provider Representative Signature

Date