

IPS SUPPORTED EMPLOYMENT INVOICE

TO: _____
Vocational Rehabilitation Program

PROVIDER NAME: _____

FROM: _____

PROVIDER INVOICE #: _____

DATE: _____

VR AUTHORIZATION #: _____

RE: Supported Employment Services

The following is a request for Supported Employment Services for:

Client Name: _____

VR Client ID: _____

Service Identification and Extended Services Agreement

\$ _____ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client's needs. The "Service Identification and Extended Services Agreement" form is completed with the VR Counselor, Provider, & the client.
(\$300.00 authorized with 110 funds prior to this phase)

Job Development / Placement

Service Begin Date: _____

\$ _____ Job Development will be based on the chosen vocational goal of the client. Job Development may be repeated, including the payment, in the event that a placement fails. Repeating Job Development / Placement is at the discretion of the VR Counselor.
(\$2,000 authorized with 110 funds prior to this phase)

Training & Initiation of On-going Supports

Service Begin Date: _____

\$ _____ This phase begins once the client is on the employer's payroll and begins receiving on going supports/ training/job coaching. The minimum time frame for this phase is 45 days.
(\$2,412.50 authorized with Supported Employment funds prior to this phase)

Training & Initiation of Stabilization

Service Begin Date: _____

\$ _____ This phase is complete when job coaching and related interventions have decreased to a level necessary to maintain the person in employment. Paystub/wage documentation from the employer should be submitted by the provider or client. The minimum time frame for this phase is 45 days.
(\$2,412.50 authorized with Supported Employment funds after this phase is complete)

Stabilization

Service Begin Date: _____

\$ _____ This is a final payment to the provider after the client has been in Extended Service for a minimum of 45 days.
(\$1,000 authorized with Supported Employment funds at 45 days into this phase)

Phases (excluding Services Identification) may be repeated at the discretion of the VR counselor.

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