

(Service Provider Letterhead)  
**IPS SUPPORTED EMPLOYMENT INVOICE**

TO: \_\_\_\_\_  
Vocational Rehabilitation Program

FROM: (Service Provider Mailing Address)

DATE: \_\_\_\_\_ RE: Supported Employment Services

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

Client Name: \_\_\_\_\_ VR Participant ID: \_\_\_\_\_

*Services Identification*

\$ \_\_\_\_\_ Determination of the need for Supported Employment is completed, and the services & strategies have been identified based on the client's needs. The Supported Employment Services Agreement form is completed with the VR Counselor, Provider, & the client. (Services Identification, \$300).

*Job Development*                                  **Services Begin**                          (    /    /    )

\$ \_\_\_\_\_ Job Development is provided to assist in seeking and securing employment for the client. **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 is at the discretion of the VR Counselor. (Job Development, \$1,500.00)

*Training & Initiation of On-going Support*                                  **Services Begin**                          (    /    /    )

\$ \_\_\_\_\_ 1. Authorization & Invoice (A & I) will be encumbered, in the amount of \$2,000.00, to the provider for the initiation of Training and On-going supports. This phase begins once the client is on the employer's payroll and begins receiving on going supports/training/job coaching.

*Stabilization*    **Services Begin**                          (    /    /    )

\$ \_\_\_\_\_ 2. The Stabilization payment of \$1,500.00 will be paid once on-going supports/job coaching for the client has diminished to only 20% of the original amount of support. This will be paid at entry into VR's Employed case status. Determination of stabilization will be at the discretion of the VR counselor.

*VR Services Completion & Transition to Extended Services:*                                  **Services Begin**                          (    /    /    )

\$ \_\_\_\_\_ 3. Authorization & Invoice (A/I) for payment of \$2,825.00 will be issued when the client is transitioned to Extended Services. Wage Documentation from the employer should be submitted by the provider. A written Extended Services Plan shall be in place prior to or at the time of this payment.

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

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Service Provider Representative Signature

Date