

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 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 authorized with 110 funds prior to this phase)

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 authorized with 110 funds prior to this phase)

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 authorized with 110 funds prior to this phase)

Customized Job Creation / Negotiation

Service Begin Date: _____

\$ _____ 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 Customized Job Creation / Negotiation is at the discretion of the VR Counselor.
(\$2,000 authorized with 110 funds prior to this phase)

Customized 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)

Customized 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)

Customized 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)

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