Description of all Services and activities provided

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| **Service Description** | **Name of Individual Providing Service or Activity and Agency name** | **Date of Completion of Service or Activity** |
| Career Counseling including information about labor market, employment in-demand jobs, requirements of the jobs discussed, Information and Discussion on Employment First. (printed information was available for pick-up) | Jennifer Hicks,  Rehabilitation Specialist ADRS and Terry Brown, ADOL |  |
| Information on Vocational Rehabilitation and Supported Employment Services. This includes Discovery and Discovery profiles, Customized Employment, Milestones and Community Based Assessments, Information on Applying for VR services, application, and eligibility. Working as a team with other service providers (case managers from DMH) Group Home providers etc. | Jennifer Hicks,  ADRS |  |
| Information on Supported Employment Service providers in the area. (Handouts provided with contact information of local service providers) | Jennifer Hicks,  ADRS |  |
| Information from benefits Specialist in Alabama. Overview of SSI and SSDI and work. Medicaid and work incentives. How to access individual planners for question. How to retain health insurance. The benefits of work. | Lexi Stewart,  Benefits Specialist |  |
| Information from workforce on……Alabama Career Center, how workforce can help. (ACC Handouts were available for pick-up) | Terry Brown, ADOL |  |

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| **Documentation of Career Counseling** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ received career counseling from the Alabama Department of Rehab Services, which included information and referral to federal and state programs, as well as other resources in his/her geographic area.

The Vocational Rehabilitation representative who provided the above counseling and referral information was:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VR Representative Date

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Date of Signature

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Method of transmission: (fax, hand delivered, mailed, emailed)

**Documentation of Information Transmitted to Consumer**