(Service Provider Letterhead)

#### 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 Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Services Identification*

$\_\_\_\_\_\_\_\_\_\_\_ Determination of the need for Supported Employment is completed. The Supported Employment Services Agreement form is completed with the VR Counselor and the client. The services and strategies have been identified based on the needs of the client. (This $250 is encumbered with 110 funds).

*Training & Initiation of*

*On-going Support* **Services Provided from / / / Through / / / /**

$\_\_\_\_\_\_\_\_\_\_ 1. Authorization & Invoice (A & I) will be encumbered to the provider for the training.

This first $1,000.00 payment will be made at the beginning of the initial training phase. This phase will begin the first day the client is on the employer’s payroll and in training with a job coach.

*Stabilization* **Services Provided from / / / Through / / / /**

$\_\_\_\_\_\_\_\_\_\_ 2. The remaining training balance of $1,000.00 will be paid once job coaching for the client has diminished to only 20 percent. This balance will be paid at entry into status 22. If the client does not achieve status 22 (quit, failure, etc.) the balance of payment may be paid at the discretion of the VR Counselor.

*VR Services Completion &*

*Transition to Extended Services:* **Services Provided from / / / Through / / / /**

$\_\_\_\_\_\_\_\_\_\_ 3. Authorization & Invoice (A/I) for $1,500.00 payment will be issued when the client is transitioned to Extended Services.

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

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