# Department of Rehabilitation (DOR)

# Paid Situational Assessment

# Referral and Cost Worksheet (02.2023)

This worksheet is completed by the Community Rehabilitation Program (CRP) once a situational assessment worksite has been identified. It is used to calculate costs associated with the consumer’s paid situational assessment. **Instructions on how to complete this worksheet can be found at the end of this document.**

## CRP and DOR Consumer Information

CRP Agency Name:

Consumer Name:

Consumer Phone:

Worksite Business Name:

Worksite Address:

Worksite Supervisor Name and Phone Number:

DOR QRP Name:

## DOR Paid Situational Assessment Cost Declaration

Paid Situational Assessment assesses a DOR Consumer’s vocational potential through real work, simulated work, or career exploration in integrated settings, with an on-site CRP Assessor for the duration of the service (up to 40 hours). Paid Situational Assessment is not intended to result in permanent employment.

### Line Item: Amount:

Total anticipated hours of work:

Anticipated wage per hour:

Total wages (wage per hour multiplied by anticipated hours): **$0.00**

Total FICA and other taxes required by law:

Total Workers’ Compensation Insurance:

Other Cost #1, please specify:

Other Cost #1 Amount:

Other Cost #2, please specify:

Other Cost #2 Amount:

Employer of Record Cost (15% of costs listed above): **$0.00**

Grand Total for Situational Assessment - Wages : **$0.00**

[ ]  Request meeting with the DOR QRP and the Consumer to discuss reasonable accommodations needs, as necessary.

## Signature and Contact Information

CRP Staff Name and Title:

CRP Staff Phone:

CRP Staff Signature:

Date Signed:

Referral and Cost Worksheet must be completed and returned to the DOR QRP before any authorization for Paid Situational Assessment – Wages can be issued.

**NOTICE** This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

## Paid Situational Assessment Referral and Cost Worksheet Definitions / Instructions

This document is a template. The Community Rehabilitation Program (CRP) may submit the required reporting information in writing using this template or in another format. The information the CRP is required to submit is included in the CRP Guide to Certification and Vendorization in the Situational Assessment service description under the Reporting Requirements section. See the information below for instructions on completing the DOR Paid Situational Assessment Referral and Cost Worksheet Report template.

### CRP Agency Name:

Name of organization authorized to provide Paid Situational Assessment to the referred Consumer. This organization serves as the employer of record.

### Consumer Name:

The individual referred from the DOR, who is served by the service provider organization.

### Consumer Phone Number:

Phone number for the Consumer.

### Worksite Business Name and Address:

Name and address of organization giving the Consumer the opportunity to perform work activities at their location. This is not the employer of record unless the employer of record / CRP is also where the worksite is located.

### Worksite Supervisor Name and Phone Number:

Name and phone number of worksite supervisor, to whom the Consumer reports directly.

### DOR QRP Name:

Name of DOR Qualified Rehabilitation Professional (QRP) / Senior Vocational Rehabilitation Counselor (SVRC) who referred the Consumer for provision of service.

### Total anticipated hours of work:

Total number of hours the Consumer is expected to work through the course of the Situational Assessment, the field allows quarter hour increments.

### Total wage multiplied by anticipated hours:

Total cost of wages for the Paid Situational Assessment upon completion of the expected work hours. Consumers must be paid at no less than the local minimum wage (where prevailing wage requirements exist, the consumer should be paid the prevailing wage).

### Total FICA and other taxes required by law:

Total Federal Insurance Contributions Act (FICA) and other payroll related taxes required to be withheld by law.

### Total Workers’ Compensation Insurance:

Total amount required to be withheld for completion of the Situational Assessment, according to the classification of work performed.

### Other Cost #1 and #2:

Use these two spots to add special required fees and / or taxes not specifically included on the worksheet. If adding costs in “Other Cost,” legal citation must be included when submitting the worksheet to DOR.

### Employer of Record Cost (15% of costs listed above):

Indirect costs for processing the Consumer as an employee. This includes accounting and regulatory compliance cost. Total up all previously listed cost declarations and multiply by 15% to determine the Employer of Record cost.

### Grand Total for Paid Situational Assessment:

Sum of all listed cost declarations and the Employer of Record cost on the worksheet.

### Request meeting with the DOR Rehabilitation Counselor and the Consumer to discuss reasonable accommodations needs, as necessary:

Check this box if developments of the Paid Situational Assessment require planning for major changes to the current work setting or Individual Service Plan Report.