# Employment Services Intake and Employment Preparation Report template (11.18.2022)

**This form template is optional to use**. Community Rehabilitation Programs (CRPs) providing Employment Services Intake and Employment Preparation Services to DOR Supported Employment Consumers may use this form template for invoicing/reporting or may create their own invoice/report form if the same information/data is covered. Please contact your Local Resource Specialist if you would prefer an unrestricted/unlocked template to customize for your agency.

## Consumer and Service Information

Date of Report:

Consumer Name:

CRP Agency Name:

Vocational Goal (from DOR IPE):

DOR QRP Name:

DOR QRP Email Address:

NMED Authorization Number:

Auth Begin Date:  Auth End Date:

[ ]  Consumer is in Employment Services IPE

[ ]  Consumer is in Supported Employment IPE

## Intake Summary

Check each item when completed and submit with invoice and attachments.

[ ]  Intake completed on:

[ ]  Reviewed referral packet (i.e. - IPE, work history, med / psych., Consent to Release Information forms, etc.)

[ ]  Developed Individual Service Plan (ISP) with specific job search activities and specified time frames.

[ ]  ISP attached to invoice and routed to DOR QRP.

Additional Comments:

## Employment Preparation Services Summary

[ ]  Employment Preparation Services completed on:

[ ]  Practiced interviewing techniques including mock interviews / video recording / provided mock interview constructive feedback

[ ]  Reviewed work behaviors (e.g. - relating to co-workers, supervisors, or customers)

[ ]  Reviewed work practices (e.g. - being on-time, reporting illness, proper use and treatment of company equipment)

[ ]  Discussed grooming and hygiene, work attire, uniforms with consumer

[ ]  Benefits planning / Advised consumer about impact of earnings on benefits, (TTW / TANF/CalWORKs)

[ ]  Identified additional support services required (e.g., transportation)

[ ]  Developed resume and master application. **Attach copies of both to the invoice** and route both to DOR QRP and consumer

Additional Comments:

## CRP Staff Information

CRP Staff Person Completing Form:

Staff Person Email address:

Staff Person Title:

Date:

Note: Invoice must be submitted with completed forms and all items must be attached

## Distribution

[ ]  Consumer [ ]  DOR QRP [ ]  Service Provider

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.