# 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.