# Employment Services Job Development MonthlyReport Template (11.18.22)

**This form template is optional to use.** Community Rehabilitation Programs (CRPs) providing Employment Services Job Development Services to DOR Consumers may use this form template for invoicing/reporting or may create their own 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 Name:

Vocational Goal (from DOR IPE):

DOR QRP Name:

DOR QRP Email Address:

NMED Authorization Number:

Authorization: Begin Date:  Auth End Date:

## Consumer Participation Summary

Discuss the consumer’s follow through on appointments and assignments, attitude, motivation, punctuality, direct employer contact, job interviews:

## Consumer and Job Developer Activity Summary

Discuss dates/names of employers contacted, position title, and specific results:

## Plan of action / Termination Reason

Discuss the plan of action you are taking or the reason for termination:

## Additional Authorization for Services Needed?

[ ]  Yes [ ]  No

Comments:

## Signature and Contact Information

CRP Staff Name:

CRP Staff Signature:

Date Signed:

Signer’s Email Address:

Signer’s Direct Phone Number:

## Distribution:

[ ]  Consumer [ ]  DOR QRP [ ]  DOR District Office (with Invoice)

**NOTICE**: This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.