# SUPPORTED EMPLOYMENT NOTICE OF TRANSITIONTO EXTENDED SERVICES Template (11.18.22)

## Extended Service Provider Contact and Service Information

Date:

Extended Service Provider (CRP) Agency Name:

Extended Service Provider (CRP) Agency Address:

Consumer Name:

Unique Client Identifier Number (UCI #):

Consumer Date of Birth:

## Source of Extended Services Contact Information:

Regional Center Name:

Regional Center Address:

Staff Contact Name:

Staff Contact Phone:

Staff Contact Email:

DOR QRP Name:

DOR District:

## VR Transition Information

Effective VR Transition Date:

DOR funding for supported employment services for the above-named consumer will be discontinued effective on the transition date (the first day of the month after the stabilization criteria have been met and the source of extended services has been notified in time for services to be authorized). Extended services will be provided by the Extended Service Provider named above after the effective date. The attached Supported Employment - Monthly Job Coach Reports confirm that the consumer is stable and ready to transition to extended services. These reports can be used to determine the extended services needed.

Comments:

## DOR Closure Information

**DOR Closure:** The consumer will be (a) monitored for a minimum of 90 days after the transition date above to determine whether the consumer needs any additional VR services and (b) closed by DOR thereafter as appropriate.

## DOR QRP Signature and Contact Information

DOR QRP Signature:

Date Signed:

DOR QRP Email Address:

DOR QRP Phone Number:

## Distribution:

[ ]  DOR Record of Services [ ]  DOR District Office

[ ]  Regional Center (or other funding source)

[ ]  Extended Service Provider [ ]  SE Service Provider (if different from ESP)

**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.