# Supported Employment retention and Job Coaching Invoice Summary TEMPLATE (11.18.22)

**This form template is optional to use**. Community Rehabilitation Programs (CRPs) providing Supported Employment Retention and Job Coaching Services to DOR 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.

## Billing Information

SE Service Provider Name:

SE Service Provider Address:

DOR District Office Name:

DOR District Office Address:

Billing Month:  Billing Year:

Invoice # (optional):

## Supported Employment Retention Services

| **Service Name** | **Total Number Consumers Invoiced** | **Service Rate** | **Total Amount SE Retention Invoiced** |
| --- | --- | --- | --- |
| **SE Retention** |  | **$720.00** | **$0.00** |

## Job Coaching Services

| **Service Name** | **Associated RC** | **Total Hours Invoiced** | **JC Rate** | **Total Amount JC Invoiced** |
| --- | --- | --- | --- | --- |
| **Job Coaching** |  |  |  | **$0.00** |
| **Job Coaching** |  |  |  | **$0.00** |
| **Job Coaching** |  |  |  | **$0.00** |
| **Total Invoiced Amount for SE Retention and Job Coaching Services:** | **$0.00**  |

For each of the services invoiced, I understand that payment from DOR is payment in full for the services provided, pursuant to Title 9 CCR Section 7322.

I certify that I am authorized to make such certification for the above-named rehabilitation facility that (1) no duplicate payment or other funding has been received or is anticipated from any source for the same consumer, service and service period; and (2) the services invoiced have been provided.

## Signature and Contact Information:

SE Provider’s Signature:

Date signed:

SE Provider’s Direct Phone Number:

SE Provider’s Email Address:

## Distribution:

[ ]  DOR District Office [ ]  SE Service Provider

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State 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.