

Vocational Assessment/Preparation/Training Services

This form is initiated by IVRS staff requesting services and completed by a CRP providing the service. Questions below are addressed by CRP staff who add narrative as needed in answering additional questions that may be posed by IVRS. Upon completion of this service, a CRP provides a report that will outline vocational results and recommendations in a team meeting.

Job Candidate Information

Client Name:	Today's Date:
Member ID:	CRP Employment Specialist:
Address:	Case Manager:
Email:	VR Counselor:
Client Phone #:	

1. What employment service was provided? (Check one only)

- | | |
|--|--|
| <input type="checkbox"/> Workplace Readiness Assessment | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> Job Seeking Skills Training | <input type="checkbox"/> Work Adjustment Training |
| <input type="checkbox"/> Job Shadow | <input type="checkbox"/> Transportation Training |

Provide a detailed account of each date of service and rationale for direct service being billed. Administrative activities are not billable. Texts, chats, emails, and voice messages must be preapproved and lumped together. Claims are paid in units. One unit is 15 minutes of service. See the CRP Menu of Services (MOS) Manual for a more detailed explanation for Payment Schedules and Timeframes.

Date of Service	Start - End Time	Units (1 unit = 15 min)	Description/Detail of activities (Summary of job candidate's performance during delivery of this service; supports provided)	Employment Specialist/Job Coach

