

**Supported Employment Services**

**Extended Supported Employment for Adult**

**ASE Case**

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| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

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| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor  |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
| Service Month(s): Enter month(s) of service. | Report Date: Click to enter a date. |
| Billing Interval: [ ]  Monthly [ ]  Quarterly |

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| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

**Total Units being billed: Click to enter Total Units being billed on this report.**

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| **Extended Services Funding Eligibility** |
| Is the customer **ELIGIBLE** for Extended Services Funding through OPWDD or OMH ?  |  [ ]  Yes [ ]  No |
| If eligible, identify funding source:  |  [ ]  OMH [ ]  OPWDD (Other) |
| Date of Eligibility: Enter date. |
| If No, please include documentation of denial, or state how vendor is, or plans to assist the customer to apply for Extended Services funding.Click here to explain status of Extended Funding eligibility or application process. |
|  Has the Customer maintained the same job with the same employer since initial stabilization date? [ ]  Yes [ ]  No  |
|  If No, please explain: Click here to explain. |

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| **Extended Services Details*****Note:* Unit of Service is a minimum of two (2) customer contacts and one employer contact (if disclosed) monthly.**  |

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| **Customer Contacts During Report Period** |
| **Date** | **On-site Contacts** | **Off-site Virtual, and/or Phone** |
| Click to enter date. |  Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
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| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Enter additional information:Click here to enter additional information. |
| **Total Time** | **Account for total time spent** | **Account for total time spent** |

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| **Employer Contact** **Is customer’s disability and employment support disclosed with the Employer?**[x]  **YES** [ ]  **NO** **(If no, following section can be skipped)** |
| **Date** | **On-site Contacts**(amount of time) | **Off-site Virtual, and/or Phone**(amount of time) |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Click to enter date. | Discuss coaching / other support provided and duration of contact | Discuss coaching / other support provided and duration of contact |
| Enter additional information:Click here to enter additional information. |
| **Total Time** | **Account for total time spent** | **Account for total time spent** |

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| **Natural Supports** |
| Describe natural supports in place:Click here to describe natural supports. |

**I hereby certify that the information submitted on this report is true and correct.**

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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |