

VR/WAP - NOTICE OF ACTION

DR371 (New 02/08)

Work Activity Program Name & Address:	Consumer:		Date:
	DOR Counselor:		DOR District:
	Facility #:	UCI #:	RC Service Coordinator

On the effective date noted, the consumer will be/has been:

1. **PLAN:** Placed in plan status, and an Individualized Plan for Employment has been developed as of _____.
 - 1a. DOR is authorizing work services effective _____.
 - 1b. DOR is terminating work services on _____. Please complete 2, or 3 below.
2. **TRANSFER:** Transferred to a new Work Activity Program (WAP) service provider (see WAP Name above). Work services will be terminated for the current WAP service provider _____ on _____ and begin at new WAP on _____. Please complete COMMENTS below for reason.
3. **CLOSURE:** Closed from DOR vocational rehabilitation.
 - 3a. Terminating the DOR services on _____.
 - 3b. **Regional Center** - Habilitation Services Program to resume services funding on _____.

Current Services:

Work Services (Attach DR372 VR/WAP - Monthly Work Services Report)


Extended Services Job Coaching Hours Per Month: _____

Work Hours Per Week: _____ Group Individual

DOR is legally required to give the regional center notice for purchase of service (POS).

- 3c. Reason for unsuccessful closure - Please see attached DR229B Closure Report.

COMMENTS (use additional sheet / reverse if more space needed):

DOR Counselor Signature: 	Email Address: @dor.ca.gov	Phone Number:	Date Signed:
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Distribution: Regional Center Current WAP Service Provider
 DOR Record of Services New WAP Service Provider (If any)
 Other:

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.