

SUPPORTED EMPLOYMENT - INVOICE SUMMARY

Date: _____

DR385A (Rev. 02/08)

SE Service Provider Name & Address: _____

DOR District Office Name & Address: _____

SEP #:

Federal Tax ID #:

Billing Month/Year:

Invoice # (optional):

Detail Pages Attached:

INSTRUCTIONS:

- **Intake, Placement, and Retention** must be supported by DR382 - Supported Employment - Placement Services Progress Report, DR383 - Supported Employment - Job Placement Information and 3rd DR384 - Supported Employment - Monthly Job Coach Report respectively.
- Individual **Job coach** hours on the attached detail sheets must be supported by the DR384 and cannot exceed the authorized hours. If the job coaching hours on the DR384 exceed the authorized amount, only the authorized amount can be billed.
- Submit two (2) copies. Each summary page must have an original signature **in blue ink**.
- Write "Supported Employment Invoice" on the envelope.
- Mail to the DOR District Office, Attention: Account Technician.

	Total # Consumers	Total Hours	Rate	Total Amount
Intake	_____	_____	\$400.00	_____
Placement (IP only)	_____	_____	\$800.00	_____
Retention (IP only)	_____	_____	\$800.00	_____
Job Coaching (IP)	_____	_____	\$34.24/hr	_____

TOTAL INVOICE AMOUNT

For each of the services that have been invoiced, I understand that payment from DOR is payment in full for the services provided, pursuant to Title 9 CCR Section 7322, and I certify that no other funding has been, or is anticipated to be received, and the services invoiced have been provided:

Signature (use blue ink):

Completed by (type or print):

Phone Number:



DOR USE ONLY: Approved for payment based on documentation of services provided.

Approved by:

Date:



Distribution: DOR District Office

Service Provider

Attachments: DR385B

DR382

DR383

DR384

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.