**OFFICE OF VOCATIONAL REHABILITATION**

**Community Rehabilitation Program (CRP)**

**Pre-ETS Quarterly Invoice**

Organization:       Date:

Employment Specialist:       Phone Number:

Consumer Name:       Case Number:

OVR Counselor:       High School:

**SERVICE INFORMATION:**

**Quarter**

July - September October – December January – March April – June

|  |  |  |
| --- | --- | --- |
| **Service Categories** | **Individual ($35/hr)** | **Group ($35/hr)** |
| Job Exploration Counseling 00A | hour(s) | hour(s) |
| Work-Based Learning Experience 00B | hour(s) | hour(s) |
| Workplace Readiness 00D | hour(s) | hour(s) |
| Instruction in Self-Advocacy 00E | hour(s) | hour(s) |
| Post-Secondary Enrollment 00C | hour(s) | hour(s) |
| **Total Hours** | **hour(s)** | **hour(s)** |

**Totals**

**Individual Hours** **x $35/hr =**

**Group Hours** **x $35/hr =**

**Invoice Total:**

**ANTICIPATED SERVICE INFORMATION:**

**Quarter**

July - September October – December January – March April – June

|  |  |  |
| --- | --- | --- |
| **Service Categories** | **Individual ($35/hr)** | **Group ($35/hr)** |
| Job Exploration Counseling 00A | hour(s) | hour(s) |
| Work-Based Learning Experience 00B | hour(s) | hour(s) |
| Workplace Readiness 00D | hour(s) | hour(s) |
| Instruction in Self-Advocacy 00E | hour(s) | hour(s) |
| Post-Secondary Enrollment 00C | hour(s) | hour(s) |
| **Total Hours** | **hour(s)** | **hour(s)** |

**SERVICE COMPLETION** (please indicate if Pre-ETS services have ended/will no longer be provided for this consumer due to graduation, no further services required, moving out of state, etc.):

Service Completion Date:

Reason Services Ended: