

**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

<b>Service Categories</b>	<b>Individual (\$35/hr)</b>	<b>Group (\$35/hr)</b>
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)
<b>Total Hours</b>	<b>hour(s)</b>	<b>hour(s)</b>

**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

<b>Service Categories</b>	<b>Individual (\$35/hr)</b>	<b>Group (\$35/hr)</b>
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)
<b>Total Hours</b>	<b>hour(s)</b>	<b>hour(s)</b>

**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: