

**JOB DEVELOPMENT  
REPORT & BILL**

<b>I. Vendor Information</b>	
Vendor #:	
Vendor Invoice #:	
Vendor Name:	
Address:	
Employment Specialist:	
Emp Spec Phone #:	
Emp Spec Email	

<b>II. Consumer / Billing Data</b>			
Consumer:		Billing Period:	
<b>Participant ID #</b>		Hours Currently Authorized:	
DRS Case #:		Hours Billed:	
DRS Counselor:		Amt (\$) Due:	
Case Manager:		Job Development Hours Used to Date:	
Service Code:			
Current Authorization #:		Service Provided (Circle) JCTS*                      SE <b>*No follow along required</b>	
Vocational Goal:			
SSA Status	Indicate Type and Amount or N/A		

<b>III. Employment Data (Please complete Page 2 of this Report.)</b>
----------------------------------------------------------------------

<b>IV. Summary of Consumer Contact &amp; Participation (Include job seeking skills training.)</b>
---------------------------------------------------------------------------------------------------

<b>V. Action Plans (Narrative should reflect, but not be limited to, IPE / ISP goals, next scheduled staffing dates, specific barriers to employment, additional services warranted to include medical evaluations, rehab engineering, etc.)</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

