



EMPLOYMENT SERVICES AUTHORIZATION REQUEST

State Form 56643 (12-18)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
VOCATIONAL REHABILITATION (VR) SERVICES

Complete the following form to request an authorization for services.

Participant Name: Amy Sample

VR Identification Number: 12345

Employment Consultant (EC): Roger Rogers

Agency: Ace Employment Services

EC e-mail: RogerRogers@AceES.org

Date of Request (month, day, year): 2/4/2019

Send authorization to: JaniceDawn@AceES.org and RogerRogers@AceES.org

Request 1:

Service / CC Code:	Work Experience Hourly: 53-05
Duration: <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 6 months	Requested Start Date (month, day, year): 2/8/2019
If hourly service, number of hours:	If non-hourly service, number of units:
<input type="checkbox"/> 20 Hours <input checked="" type="checkbox"/> 40 Hours <input type="checkbox"/> 60 Hours <input type="checkbox"/> 100 Hours	Enter number of units.

Reason for Request: Amy would like to try out some office work tasks and it seems that there may be some good opportunities at local agencies. She is interested in working 10 to 15 hours in a work experience setting. The number of weeks will depend on the arrangements EC can make with the work site.

Additional Comments: Feel free to call my cell if you have any questions: 765-555-3333.

Request 2:

Service / CC Code:	(Click Here to Choose Item Below)
Duration: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	Requested Start Date (month, day, year): Select start date.
If hourly service, number of hours:	If non-hourly service, number of units:
<input type="checkbox"/> 20 Hours <input type="checkbox"/> 40 Hours <input type="checkbox"/> 60 Hours <input type="checkbox"/> 100 Hours	Enter number of units.

Reason for Request: Enter reason here.

Additional Comments: Enter additional comments here.