



"People helping people help themselves"

Vocational Rehabilitation Services Pre-ETS Service Report - Consumer

Provider Name (check one):

- Aspire Bona Vista Easter Seals Crossroads
- ES ARC New Horizons
- Opportunity Enterprises PEAK Community Services
- Stone Belt Sycamore Services

Consumer Last Name _____ MI _____ First Name _____

Consumer Social Security Number: _____-_____-_____

Service Date (mm/dd/yyyy): ____/____/_____

Service categories (check all that were provided on this date, and time spent per service category):

- Job exploration counseling Time Spent: _____ minutes
- Work-based learning experiences Time Spent: _____ minutes
- Workplace readiness Time Spent: _____ minutes
- Instruction in self-advocacy Time Spent: _____ minutes
- Counseling on opportunities for enrollment in postsecondary education Time Spent: _____ minutes

NOTE: Actual billable time in total minutes per individual service category should be noted. For purposes of monthly billing, the total number of minutes billed per consumer, per category, per month shall be added, and any fraction of the total that is 15 minutes or more may be rounded up to the nearest one-half hour total.

Activities per service category:

Job exploration counseling

Work-based learning experiences



Workplace readiness

Instruction in self-advocacy

Counseling on opportunities for enrollment in postsecondary education

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.):

Date of End of Services (mm/yyyy): _____/_____

Reason Services Ended: _____

