

**Services to be Provided to:**

**Name :** Sam Sample  
**Address :** 123 Fake Lake, Wonderland, IA 55555

**Return Billing Copy to:**

**Services Provided by:** Val N. Tino

**Payee :**  
**Address :** CRP Fake Add, Wonderland, IA 55555

**Authorization # :**  
**Case # :**  
**IVRS Contact :** Jack Lantern  
**Contact Phone # :**  
**Vendor # :**

**INSTRUCTIONS:** Complete the billing section and sign and return this form (or attach an original invoice) within 45 days after services have been provided. If services are completed on different dates, photocopy this form and submit separately for payment after each service. Claims may not exceed the maximum. Return completed form to the address above. You may make a photocopy for your records. As an agency of the State of Iowa, IVRS is exempt from State of Iowa sales and use taxes.

<u>Authorized Service Description # 1</u>	<u>Start Date</u>	<u>End Date</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Adjustment(+/-)</u>	<u>Total</u>
Job Shadow	2/1/26	2/28/26	16 Units	\$10.75		\$172.00
<b>Billing Section</b>	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>	<u>Total Billed</u>	
To be Completed By Payee :	2/2/26-2/9/26		11 Units	\$10.75	\$ 118.25	

<u>Authorized Service Description # 2</u>	<u>Start Date</u>	<u>End Date</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Adjustment(+/-)</u>	<u>Total</u>
<b>Billing Section</b>	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>	<u>Total Billed</u>	
To be Completed By Payee :					\$ _____	

<u>Original Authorization Total</u>	<u>(+) Amendment Total To-Date</u>	<u>(-) Cancellation Total To-Date</u>	<u>Current Authorization Total</u>
\$172.00	\$118.25	\$53.75	\$118.25

Authorized By : Jack Lantern

Authorized Date: 1/15/2026

Any apparent errors or misunderstandings should be reported to the Agency at once. Acceptance of this authorization is certification that the provider of services does not discriminate on the basis of age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. Persons with concerns or questions regarding civil rights compliance should contact: Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319 ( Telephone 515/281-4318 ). Training institutions will provide this agency with regular progress reports. The continuation of this program is at all times dependent upon satisfactory progress. The Agency assumes no responsibility for payment if any deviation from the authorized program of services is made without prior approval and official revision of this authorization. Authorized amounts may be reduced or canceled should funds be delayed or curtailed.

I certify services have been provided as specified in this authorization/billing.

*Val N. Tino*

Payee Signature (or attach original invoice)

3/15/2026

Signature Date

**Final Invoice:** Please check this box if this is the final claim for this authorization.

<b>For IVRS Office Use Only:</b>
<i>I certify the goods and/or services have been received.</i>
Approval to pay: _____
Date: _____

\_\_\_ Billing Copy \_\_\_ Case file copy \_\_\_ Client Copy (This is not a bill.)

## Vocational Assessment/Preparation/Training Services

*This form is initiated by IVRS staff requesting services and completed by a CRP providing the service. Questions below are addressed by CRP staff who add narrative as needed in answering additional questions that may be posed by IVRS. Upon completion of this service, a CRP provides a report that will outline vocational results and recommendations in a team meeting.*

### Job Candidate Information

Client Name:	Today's Date:
Member ID:	CRP Employment Specialist:
Address:	Case Manager:
Email:	VR Counselor:
Client Phone #:	

1. What employment service was provided? (Check one only)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Workplace Readiness Assessment</b> | <input type="checkbox"/> <b>Career Exploration</b>       |
| <input type="checkbox"/> <b>Job Seeking Skills Training</b>    | <input type="checkbox"/> <b>Work Adjustment Training</b> |
| <input type="checkbox"/> <b>Job Shadow</b>                     | <input type="checkbox"/> <b>Transportation Training</b>  |

Provide a detailed account of each date of service and rationale for direct service being billed. Administrative activities are not billable. Texts, chats, emails, and voice messages must be preapproved and lumped together. Claims are paid in units. One unit is 15 minutes of service. See the CRP Menu of Services (MOS) Manual for a more detailed explanation for Payment Schedules and Timeframes.

Date of Service	Start - End Time	Units (1 unit = 15 min)	Description/Detail of activities (Summary of job candidate's performance during delivery of this service; supports provided)	Employment Specialist/Job Coach

<b>Total Units:</b>				

2. Did this service result in a job offer and accepted by the JC?  Yes  No
  - If yes, CRP is eligible for the Business Services Incentive and a Job Analysis report should be included with the Business Services Incentive claim.
  
3. CRP recommendations for next steps.

CRP Signature: *Val N. Tino*

Date: 3/15/26

**CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.**