

Official Authorization and Billing

ORIGINAL

Services to be Provided to:

Name : [Redacted]
Address : [Redacted]

Return Billing Copy to:

Iowa Vocational Rehabilitation Services
[Redacted]
[Redacted]

Services Provided by:

Payee : [Redacted]
Address : [Redacted]

Authorization # : [Redacted]
Case # : [Redacted]
IVRS Contact : [Redacted]
Contact Phone # : [Redacted]
Vendor # : [Redacted]

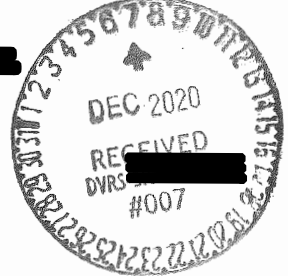
INSTRUCTIONS: Complete the billing section and sign and return this form (or attach an original invoice) within 45 days after services have been provided. If services are completed on different dates, photocopy this form and submit separately for payment after each service. Claims may not exceed the 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.

Authorized Service Description # 1	Start Date	End Date	Qty	Unit Cost	Adjustment(+/-)	Total
Plan for Natural Supports	11/19/2020	12/31/2020	8	\$16.53	\$0.00	\$132.24

Billing Section	Service Provided Date	Qty Billed	Unit Cost	Total Billed
To be Completed By Payee :	11/25/20	8	16.53	\$ 132.24

Original Authorization Total	(+) Amendment Total To-Date	(-) Cancellation Total To-Date	Current Authorization Total
\$132.24	\$0.00	\$0.00	\$132.24

pay per [Redacted]



Authorized By : [Redacted]

Authorized Date: 11/20/2020

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: Attorney, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319 (Telephone 515/281-4146). 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.

[Redacted Signature] _____ 11/25/20
Payee Signature (or attach original invoice) Signature Date

For IVRS Office Use Only:

I certify the goods and/or services have been received.

Approval to pay: _____

Date: _____

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

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

PLAN FOR NATURAL SUPPORTS:

A plan for natural supports should document the following:

1. Training has been provided to the natural supports that includes:

- ✓ Disability awareness for the natural supports (best practice would include the entire work unit);

- ✓ Training strategies and techniques, taught to the natural support, that facilitates the learning and skill acquisition of the person with a disability;

- ✓ Communication strategies and person-first language that foster teaming and a welcoming environment;

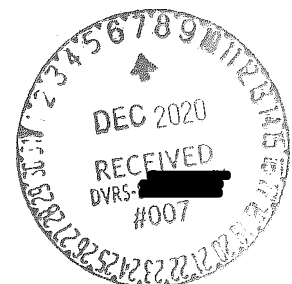
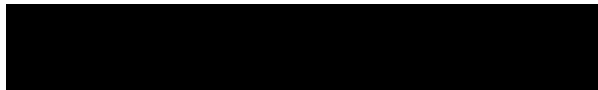
- ✓ Communication and business culture specifics that aligns the work and chain of command protocols between the person with a disability and the employer;

- ✓ Work station design that facilitates co-worker relationship development;

2. Identification of the natural support and backup support should one of the supports be absent or resign

Comments:

SEE



Signatures with contact information:

[Redacted Signature]

Business Representative Name

[Redacted Signature]

Address and Phone Number of Business

[Redacted Signature]

CRP Representative Name

[Redacted Signature]

Address and Phone Number of CRP

[Redacted Signature]

IVRS Representative Name

[Redacted Signature]

Address and Phone Number

Date Completed: 12/01/2020

By: [Redacted Signature]

[Redacted Signature]

PLAN FOR NATURAL SUPPORTS:



Disability awareness for the natural supports was addressed to [REDACTED] (manager) before initial hiring took place. [REDACTED] and Job Developer discussed the individual needs and how these needs would be addressed. [REDACTED] discussed job candidates Natural Support needs with employees in Job Candidates work area and other areas Job Candidate might encounter. [REDACTED] mentioned previous employee at this position needed Natural Supports. Job Developer and [REDACTED] went over Natural Supports needed for Job Candidate to succeed.

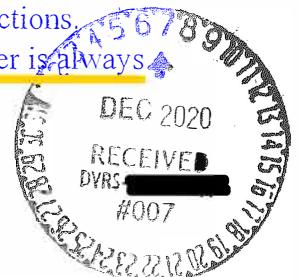
Training strategies and techniques, taught to the natural support, that facilitates the learning and skill acquisition of the person with a disability are speaking directly to the person with the disability. Training is done explaining what needs to be done and then by demonstration followed by positive reinforcement on what was done correctly by acknowledgement praising. If task is not done correctly then task is explained again and demonstrated.

Communication strategies and person-first language that foster teaming and a welcoming environment at [REDACTED] is by talking directly to job candidate and simplifying terminology. Person-first language was established before job candidate was hired for previously there was another employee using Natural Supports as well. Job coaching is there to help all employees understand Person- first language more fully.

Communication and business culture specifics that aligns the work and chain of command protocols between the person with a disability and the employer is Job Candidate works independently, however, Lead, coworkers and direct Supervisor are available to prioritize tasks. These people are easily accessible if JC needs assistance. JC works mostly assisting [REDACTED].

[REDACTED] is not there, then one of the managers [REDACTED] or [REDACTED] will be next in line. When in kitchen area, the person Job Candidate would go to would be [REDACTED]. If [REDACTED] is not there then would be [REDACTED] or either of the Managers.

Workstation design that facilitates co-worker relationship development is set up in open area that is open to job candidate being with the public where she can assist their needs or find another employee who can. This is good for job candidate because it fits the personality of being outgoing and enjoying helping other people. Workstation Design is designed so job candidate can move from one location to another with ease for there is a lot of space between sections. Coworkers are very accommodating in answering Job Candidates questions. Coworker is always close by and atmosphere is very open to friendliness to customers.



2. Identification of the natural support and backup support should one of the supports be absent or resign. Job Candidate has many Natural Supports. Job Candidate is getting to know as many coworkers as possible and returning customers. Job Candidate has been in contact with Manager, Assistant Manager, Dishwasher, Lead, and some of cooks in the back area. Job candidate's area is Dining Area and kitchen. In dining area, Job Candidate is guided by Lead. In kitchen area, Job Candidate is in communication with Vegetable prep on who has more time to do dishes. Cashier may ask Job Candidate to assist by seating and/or taking beverages to customers.

List of Natural Supports:

██████ – Owner/Manager

Need to include contacts' email and/or phone numbers

██████ – Asst. Manager

██████ –Lead

██████ – Vegetable prep/Dishwasher

Cashier/Cook - ██████

