

Services to be Provided to:

Name : Sam Samples
Address : 123 Fake Lake, Wonderland, IA 55555

Return Billing Copy to:

Services Provided by: Fake CRP

Payee :
Address : 6789 Example CR, 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>
Work Adjustment Training	2/2/2026	4/30/2026	40 Units	\$19.96		\$798.40
Billing Section	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>	<u>Total Billed</u>	
To be Completed By Payee :	2/9/26-2/12/26		40 Units	\$19.96	\$ 798.40	

<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>
Billing Section	<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>
\$798.40	\$0	\$0	\$798.40

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

3/30/26

Payee Signature (or attach original invoice)

Signature Date

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

For IVRS Office Use Only:
I certify the goods and/or services have been received.
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"/> Workplace Readiness Assessment | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> Job Seeking Skills Training | <input type="checkbox"/> Work Adjustment Training |
| <input type="checkbox"/> Job Shadow | <input type="checkbox"/> Transportation Training |

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
2/9/26	9am-10am	4	Had to run around to get things for JC to start work on 2/11.	VNT

2/11/26	8:30am-12pm	14	SS was already waiting since 8:30am due to early transportation when ES arrived at about 8:45am. SS put on safety gears then took about 15 min to go to bathroom and put on safety gears; Trainer explained those things should be done before clocking in. He is slow. He's learning. Low stamina to stand and work. Negative attitude when he's tired. He likes the trainer. Next shift is 2/12.	VNT
2/12/26	8:30am--1:30pm	20	ES arrived at 8:45am and SS arrived at 8:30am again due to transportation and independently clocked in and waited to start work at 9am. SS chose to quit at 1:15pm. Today is the last day of the WAT.	VNT
2/15/26	10am-10:30am	2	Write up report and emailed VR of WAT results	VNT
Total Units:		40		

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.

SS can't do this job right now. He needs more WAT.

CRP Signature: *Val N. Tino*

Date: 3/30/26

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