

SUPPORTED EMPLOYMENT – INDIVIDUAL – INVOICE SUMMARY

Date: _____

DR385A (Rev. 07/16)

REMIT PAYMENT TO (SE Service Provider Name & Address):

DOR District Office Name & Address:
Department of Rehabilitation

SEP #:	Federal Tax ID #:	Billing Month/Year:	Invoice # (optional):	# DR385B Attached:
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INSTRUCTIONS:

- **Individual Placement (IP) SE Services** must be documented by the following:
 - **Intake** - attach the first DR382 - SE - Placement Services Progress Report.
 - **Placement** - attach the DR383 - SE - Job Placement Information.
 - **Retention** - attach the third DR384 - SE - Monthly Job Coach Report.
 - **Individual Job Coach Hours** - attach (1) DR385B detail sheets and (2) page 2 of the DR384. Hours invoiced cannot exceed the authorized hours. If the hours on the DR384 exceed the authorized amount, only the authorized amount can be billed.
- Submit an original signed **in blue ink** and one (1) copy.
- Write "Individual Supported Employment Invoice" on the envelope.
- Mail to the DOR District Office, Attention: SEP Invoice Coordinator.

	Total # Consumers	Total Hours	Rate	Total Amount
Intake (IP)	_____	_____	\$360.00	_____
Placement (IP only)	_____	_____	\$720.00	_____
Retention (IP only)	_____	_____	\$720.00	_____
Job Coaching (IP)	_____	_____	\$36.57/hr	_____

TOTAL INVOICE AMOUNT

For each of the services invoiced, I understand that payment from DOR is payment in full for the services provided, pursuant to Title 9 CCR Section 7322. I certify that I am authorized to make such certification for the above-named rehabilitation facility that (1) no duplicate payment or other funding has been received or is anticipated from any source for the same consumer, service and service period; and (2) the services invoiced have been provided.

Signature (use blue ink): 	Completed by (type or print):	Phone Number:	Email:
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DOR USE ONLY: Approved for payment based on documentation of services provided.	Approved by: 	Date:
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Distribution: DOR District Office Service Provider
 Attachments: DR385B DR382 DR383 DR384

NOTICE: This is confidential information from the records of the California Department of Rehabilitation. State law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.