

## CAREER PREPARATION AND READINESS - QUARTERLY REPORT

Qualified Vendor's Name: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Qualified Vendor's Mailing Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

CPR Physical Site Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Qualified Vendor's E-mail Address: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Support Coordinator's Name: \_\_\_\_\_

REPORT PERIOD:      1st Quarter (due by April 15th)      3rd Quarter (due by October 15th)  
                                  2nd Quarter (due by July 15th)                      4th Quarter (due by January 15th)

MEMBER INFORMATION									
Member's Name	Member's ID No.	Original Service Start Date	Service End Date	Identified for Progressive Move (Yes / No)	Ready for Referral to Vocational Rehabilitation (Yes / No)	Date Recommendation for Referral to Vocational Rehabilitation Sent to SC	Made Progressive Move (Yes / No)	Date of Progressive Move	Type of Progressive Move Made (Integrated or Competitive)

Name of Employer: \_\_\_\_\_

	Month / Year	Month / Year	Month / Year	Anticipated Date for Member to Exit the CPR Service
Hours Authorized				
Hours Attended				

Based on the Individualized Training Agreement, in what employment-related activities has the member participated?

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Describe what Job Readiness Assessments have been completed (or an estimated time for completion) including a description of each activity.

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Describe what Work Incentive Counseling has been completed (or an estimated date of completion) including a description of each activity.

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Describe what Member Representative/Caregiver Engagement and Education has been completed (or an estimated time of completion) including a description of each activity.

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Describe what Career Exploration has been completed (or an estimated time of completion) including a description of each activity.

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Describe what Community trial work experiences, including volunteer work and/or job shadowing the member has participated including a description of each activity, including dates of activity.

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Describe other types of employment-related activities completed for the purpose of preparing the member for employment, including a description of each activity and an estimated time for completion of each.

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Describe barriers preventing progressive movement into competitive and/or integrated employment and a plan of action to remove or minimize barriers to progressive movement into competitive and/or integrated employment.

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Other:

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Qualified Vendor Administrator's / Designee's Name (*Print*) \_\_\_\_\_

Qualified Vendor Administrator's / Designee's Title \_\_\_\_\_

Qualified Vendor Administrator's / Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Routing: Original – Support Coordinator***

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.