

Group Supported Employment Services - QUARTERLY REPORT

PERSONAL INFORMATION *(Please print)*

MEMBER NAME	MEMBER I.D. NUMBER
SUPPORT COORDINATOR	SUPPORT COORDINATOR PHONE NUMBER
QUALIFIED VENDOR'S NAME	CONTACT PERSON NAME
QUALIFIED VENDOR ADDRESS <i>(P.O. Box, No., Street, City, State, ZIP)</i>	
PHYSICAL SITE ADDRESS	
QUALIFIED VENDOR E-MAIL ADDRESS	

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

IDENTIFIED FOR PROGRESSIVE MOVE Yes No MADE PROGRESS MOVE Yes No

	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
HOURS AUTHORIZED			
HOURS ATTENDED			
HOURS WORKED			
AVERAGE HOURLY PAY			
PERCENT OF TIME WORKED <i>(Divide hours worked by hours of attendance)</i>			

Type of paid work the Member is doing

Member's Individual Support Plan (ISP) Employment Outcome(s):

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Progress Made on Above Outcome(s):

Barrier Keeping individual from Making a Progressive Move to Community Integrated Employment

(i.e. Member choice, family choice, challenging behavior, health issues, no transportation, limited job availability, other.)

Plan of Action to Address Barrier Listed Above:

(i.e. Member education, family education, DB101, Behavior Treatment Planning, employer outreach, healthcare changes, other).

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S NAME *(Print)*

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE

DATE

Routing: Original – Support Coordinator

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