**Member Name**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Phone**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical Team Member**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **TXIX**: **NTXIX**: **Phone**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AHCCCS ID**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical Team Member Email**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Per the Covered Services Guide Version 6.1: Psychoeducational services and ongoing support to maintain employment services are provided only if the services are not available through the federally funded Rehabilitation Act program administered by DES-RSA**, which is required to be the primary payer for Title XIX eligible persons. The T/RBHA must monitor the proper provision of this service.

|  |  |
| --- | --- |
| **Employment Services** | **Meaningful Activity** |
| **On-site Supported Employment**  **Network Supported Employment**  Job Coaching/ Job Support  Job Preparation (resume/interview skills)  Unpaid/ Paid Work Activity  Provider:  Beacon **\***Focus **\***Lifewell  **\***MARC REN VALLEYLIFE Wedco  *\** Location:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Psychosocial Rehabilitation (Clubhouse/Village)  Supported Volunteering  Supported Education  Consumer Operated Services  Provider:  \*Cheeers \*Hope Lives \*Lifewell  \*Marc \*PSA–Art Awakenings \*REN  \*RI International \*STAR  *\** Location:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***When referring a member for employment related services a referral must also be made to RSA/VR****.* |
| Other service to engage in meaningful activity: | |
|  | |
| Information that may assist the member in obtaining the employment goal: | |
| **Unique Strengths:** | **Unique Needs/Challenges:** |
|  | |
| **Referred to Vocational Rehabilitation (VR)**? Yes No\*\*  **Date referred/referral packet to VR**:      \_\_\_\_\_\_\_\_\_\_\_ **Packet provided to**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of VR Information Session**:      \_\_\_\_\_\_\_  \*\*If member was **not** referred to VR program, please explain:  **Member’s goal not job/work-related**.  **Member refused VR services** (documentation required in member clinical record).  **Member currently in VR program VR program staff**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: | |
| **Clinical Team Action**:  Does member have an **employment /vocational/rehabilitation goal** on the Individual Service Plan (ISP)?  Yes **List current goal:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No\* *If no, please update the ISP. Clinical documents must be current and reflect member's service need.*  Completed **DB101 – Benefits Planning** with the member. | |
| **Referral packet needs to be submitted to Provider/RSA/VR Counselor within seven (7) business days:** | |

**Rehabilitation Specialist/Case Manager**  **Date**