**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 ActivityProvider:[ ] Beacon [ ] **\***Focus [ ] **\***Lifewell[ ] **\***MARC [ ] REN [ ] VALLEYLIFE [ ] Wedco *\** Location:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Psychosocial Rehabilitation (Clubhouse/Village)[ ] Supported Volunteering[ ] Supported Education[ ] Consumer Operated ServicesProvider:[ ] \*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**