

ESS Authorization Request & Billing Form

Individual's Name: _____

Contractor Name: _____

EC: _____

DRS Counselor: _____

Authorization Number: _____

Authorization Date: _____

Service Begin Date: _____

Service Completion Date: _____

Invoice Date: _____

Invoice Number: _____

Employment Support Assessment Service AUTHORIZATION REQUEST

Rate: per hour or \$15 per 15-minute increments (Minimum 3 hours of direct individual contact, 5 hours maximum)

Total Hours Requested

Total Cost of Request

Support Services for Employment Service Rate:

\$60 per hour or \$15 per 15-minute increment

Regular Hours Requested

Additional Hours Requested *

Cost of Regular Request

Cost of Additional Request *

* **Note:** Additional hours for Employment Support Assessment and Support Services for Employment may be approved by the DRS Program Manager, if needed.

JUSTIFICATION:

DRS PM Notes

DRS PM APPROVAL: _____ **Date:** _____

Employment Support Assessment Service BILLING

Rate: \$60 per hour or \$15 per 15-minute increments
(Minimum 3 hours of direct individual contact, 5 hours maximum)

Total Hours Billed Assessment

Total Cost of Assessment

Support Services for Employment Service Rate:

\$60 per hour or \$15 per 15-minute increment

Total Support Services for Employment Hours Billed

Total Cost of Support Services for Employment

Additional hours for Employment Support Assessment and Support Services for Employment may be approved by the DRS Program Manager, if needed.

Submitted by: _____ Date _____