

AGENCY Agency Name

Address

LOGO City, State Zip

Phone, fax

Bill for Services provided to Vocational Rehabilitation

Client: _____ Social Security

#: _____

Counselor: _____

Date: _____

Type of Service Provided:

_____ Job Placement Package

_____ Unsuccessful Placement \$450 or \$18/hr \$ _____

_____ Successful Placement \$600 \$ _____ Placement within 30 days \$100 \$ _____

_____ Successful 26 closure \$100 \$ _____

_____ Annual Wages exceeds \$12,000 - \$100 \$ _____

_____ Job Coaching \$18/hr x _____ hours \$ _____

Dates ___ / ___ / ___ to ___ / ___ / ___

___ Employment /Follow Along \$18/hr x ___ hours \$ _____

Dates ___ / ___ / ___ to ___ / ___ / ___

_____ Total Due \$ _____

Signature Date