

EES/RS MONTHLY COMMUNICATION REPORT

This is a mutual turnaround form to be used as documentation for both EES and RS. It can be initiated by EES or RS.

Consumer Name: _____ SSN: _____ KAECSES Case # _____

EES SECTION

EES Case Manager Name: _____ Date _____

_____ I request a consultation to discuss: _____

_____ Consumer address changed to: _____

_____ Case status has changed.

_____ penalty, case will close _____

_____ case closure, other reasons _____

_____ consumer employed: place _____ hours _____

rate of pay \$ _____ start date _____

Job title _____

_____ Other changes / comments / satisfactory progress: _____

EES Case Manager Signature: _____ Date: _____

RESPONSE REQUESTED BY _____/_____/_____

RS SECTION

RS Counselor Name: _____ Date: _____

_____ I request a consultation to discuss: _____

_____ Not eligible for RS based on the following reasons: _____

_____ Case status has changed to: _____

_____ Describe case status, include status on waiting list: _____

_____ Individualized Plan for Employment (IPE) completed, attached.

_____ Consumer address changed to: _____

_____ Consumer employed: place _____ hours _____

rate of pay \$ _____ start date _____

job title _____

_____ RS case closed due to _____ effective date: _____

_____ Other changes / comments / satisfactory progress: _____

RS Counselor Signature: _____ Date: _____

RESPONSE REQUESTED BY _____/_____/_____

cc: case file