REHABILITATION SERVICES
PAYMENT-FOR-PERFORMANCE REFERRAL ACCEPTANCE FORM

This form acknowledges receipt of:

Referral Name: _____

Address: _____

City, State & Zip: _____

RS Counselor: _____

KMIS Authorization #:_____

Requested Services:

☐	Community Based Work Assessment	☐	Job Placement (20%)
☐	Community Job Tryout	☐	Purchasing Support (30%)
☐	Customer Support	☐	Supported Employment services (20%)
☐	Intensive Employment Support Services	☐	Vocational Assessment
☐	IPE Case Coordination ($_____)	☐	Work Training with Placement (10%)
☐	IPE Research (30%)		

Referral accepted (date): _____ Date scheduled to begin services: _____

Contact name: _____ Phone: (____)_____

Referral rejected (date): _____ Reason for referral rejection: _____
_____
_____

Make check payable to:

_____ Tax/FEIN _____

_____

_____

Contractor's amount billed: $_____

_____ _____
Contractor's signature   **Date**

INSTRUCTIONS FOR COMPLETING FORM

The Referral Acceptance Form has basic information completed by the referring RS counselor. The counselor is to complete the client information, KMIS authorization number and check the services being requested.

The contractor will review the information and decide if they are going to accept or reject the referral for services. If the referral is accepted, the contractor completes the date of acceptance in the first blank and then completes the anticipated date services are to begin.

The contractor will then write in the name of person expected to work directly with the client under "contact name" and that staff person's phone number.

If the contractor decides to reject or not-accept the referral for services, then they are to complete the date of rejection and also provide a brief narrative on the form explaining why.

If the services are accepted, the contractor will complete the bottom section of the form identifying the contractor information and charge for the first component.

Referrals for Vocational Assessment, Community Job Tryout, Community-based Work Assessment, Customer Support and Intensive Employment Support Services will be acknowledged by this form. Payment will not be made on those services until the billing form is completed and submitted.