

Customized Employment Monthly Systematic Instruction Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month (Month)	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
List of Dates and Support Hours Provided Date(s) Hours Total Hours	Invoice Amount Purchase Order (PO) Number
Counselor/DVR Staff Contact Name	Consumer Phone Number
Consumer Work Location (Name and Address)	Name of Job Coach Name of Immediate Supervisor
Employer Contact Information	
Commensurate Wage Consumer is Being Paid	

Define the plan for when and where services are to be provided that has been agreed upon with Counselor and Consumer	Define the essential functions of the job including reasonable accommodations where applicable.
Describe how this service reflects the needs and desires of the person receiving services	
Describe the plan of instruction and/or support for the work skills and behaviors and interpersonal skills to be acquired and needed to maintain employment. Describe any job aides to be used or created.	Describe the plan to develop the appropriate social and interpersonal skills necessary to retain employment.
Describe the on-site consultation to the employer and co-workers. This may include but is not limited to: recommendations for work site and job modifications,	List the type of support provided and progress by consumer to become independent in employment.

