

SITUATIONAL ASSESSMENT REPORT & BILL

| I. Vendor Information | |
|------------------------|--|
| Vendor #: | |
| Vendor Invoice #: | |
| Vendor Name: | |
| Address: | |
| Employment Specialist: | |
| Emp Spec Phone #: | |
| Emp Spec Email: | |

| II. Consumer / Billing Data | | | |
|---|--|-----------------------------|--|
| Consumer: | | Billing Period: | |
| Participant ID # | | Hours Currently Authorized: | |
| DRS Case #: | | Hours Billed: | |
| DRS Counselor: | | Hours Remaining: | |
| Case Manager: | | Amt (\$) Due: | |
| Service Code: | | Additional Hours Needed: | |
| Current Authorization #: | | SA Hours/Days Used to Date: | |
| Situational Assessment Goal: | | | |
| SSA Status, Indicate Type and Amount or N/A | | | |

| III. Site Information (To Be Completed for Each Site) | | | |
|---|--|-----------|--|
| Date of Assessment: | | | |
| Job: | | Employer: | |
| Hours Used: | | Address: | |
| Integrated Setting: Y or N (If No, explain) | | Phone: | |
| Duties & Responsibilities: | | | |

| | | | |
|--|--|-----------|--|
| Date of Assessment: | | | |
| Job: | | Employer: | |
| Hours Used: | | Address: | |
| Integrated Setting: Y or N (If No, explain) | | Phone: | |
| Duties & Responsibilities: | | | |

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| IV. Consumer Personnel Profile: | |
| A. Consumer Preferences: (Should address, but not be limited to: part-time vs. full-time, days / shifts desired, environment needed, socialization required / desired, etc.) | |
| B. Consumer Strengths: | |
| C. Consumer Limitations: | |
| D. Barriers to Employment: (Financial, Safety, Transportation, Environment, Medication) | |
| E. Community Resources to Address Barriers: | |
| F. Review of Needs: (Regarding Accommodation, Assistive Technology, and Paratransit) | |
| G. Specific Interpersonal / Behavioral Concerns: | |
| H. Specific Issues Regarding Skill Acquisition: (Including Training Needs and Learning Styles) | |
| I. Work Tolerance for Full / Part-Time: | |
| J. Motivation / Desire for Employment: | |
| K. Recommendations for Referral: (Counseling, Psych. Assessment, etc.) | |

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| V. Summary & Recommendations (Include each site, consumer interest in specific job, planned employment outcomes, employment discussion results, and availability of jobs in local area.) |
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The outcome of the assessment(s) has been shared with the consumer and/or the DRS Counselor.

Employment Specialist

Date