

1. BASIC INFORMATION

Individual Name	Counselor Name
Provider Name	Employment Specialist Name
Is this consumer between the ages of 14 and 24? (Choose one)	If yes, have you requested an authorization for Extended Services for youth? (Choose one)
Is the individual's employment stable? (Choose one)	
If no, how will you assist the individual in obtaining employment stability?	

If no, contact the counselor.

Ongoing supports will be provided (Choose one)	Total Billable Hours for Extended Services for youth

**Reminder**

If the consumer is a youth (ages 14-24), then enter the total billable hours.

Extended services are to be provided throughout the duration of the individual's employment.

Extended services are required, at a minimum, 2 times per month for each consumer in supported employment.

The twice a month mandate must be conducted at the worksite with the individual.

Exceptions to extended services requirements must be reflected in the Step-Down Support Plan and submitted to and approved by the OVR CRP Branch.

DESCRIPTION AND SCHEDULE OF EXTENDED SERVICES PROVIDED FOR THE MONTH

Please enter below a description of the services provided and the date and time spent for each extended service you provided for the month.

Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity
Result		

Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity
Result		
Date	Hours	Activity

Result		
Date	Hours	Activity
Result		
Use this space if additional dates, times, activities, and results have been provided.		
Number of hours		Date Completed

Submit to OVR by the 5th day of the subsequent month to the OVR Counselor.

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