

CENTER BASED EMPLOYMENT - QUARTERLY REPORT

MEMBER NAME: _____ SUPPORT COORDINATOR: _____

QUALIFIED VENDOR NAME: _____ CONTACT PERSON NAME: _____

QUALIFIED VENDOR MAILING ADDRESS: (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

CBE PHYSICAL SITE ADDRESS: (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

QUALIFIED VENDOR E-MAIL ADDRESS: _____

REPORT PERIOD

1st Quarter (due by April 15th)

2nd Quarter (due by July 15th)

3rd Quarter (due by October 15th)

4th Quarter (due by January 15th)

Member Name	Member ID No.	Identified for Progressive Move (Yes / No)	Made Progressive Move (Yes / No)

	Month / Year	Month / Year	Month / Year	Type of Paid Work the Member is Doing:
Hours Authorized				
Hours Attended				
Hours Worked				
Average Hourly Pay				
Percent of Time Worked: (Divide hours worked by hours of attendance)				

Member's Individual Support Plan (ISP) employment outcome(s)

Describe progress made on above outcome(s).

Describe barriers keeping member from making a progressive move to community integrated employment (e.g. member choice, family choice, challenging behavior, health issues, no transportation, limited job availability).

Describe plan of action to address the barriers as listed above (member education, family education, db101, behavior treatment planning, employer outreach, health care changes).

If member did not participate in paid work 75% of his/her time in attendance, describe in detail the work-related activities the member was involved in during billed hours of service.

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S NAME (*Print*) _____

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S TITLE _____

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S SIGNATURE _____ DATE _____

Routing: Original - Support Coordinator