Print Form

Performance Based Employment Services Pilot

CONTRACTOR PAYMENT CLAIM FORM

Section I. Basic Information

Date of Claim:	
Client Name:	
Client RSA ID Number:	
Contracted Provider Organization:	
Contract Number:	**RSA Service Authorization Number(s) for this service:**
Service Track: I _____ II_____ III_____	**Level A:_____ Level B:_____**

Section II. Payment Claim Information

C35 Pre-Service Consultation Authorized Rate (AR): $ _____

C35G	Referral Accepted	$: _____	(100% of AR)
C35G	Referral Conditionally Accepted	$: _____	(100% of AR)
C35H	Referral Not Accepted - Contractor	$: _____	(100% of AR)
C35I	Client or VR Counselor No Show	$: _____	(50% of AR)
C35J	Referral Not Accepted – Client	$: _____	(100% of AR)
	Total Amount Being Claimed:	**$ _____**	

Note: Attach completed *Pre-Service Consultation Meeting Outcome Form* and *Employment Services Agreement Form* (if applicable)

C32 Service Track I Authorized Rate (AR): $ _____

C32A	Job Readiness Skills Development	$: _____	(20% of AR)
C32B	Job Placement	$: _____	(20% of AR)
C32E	Job Stabilization	$: _____	(10% of AR)
C32F	Successful Rehabilitation	$: _____	(50 % of AR)
	Total Amount Being Claimed:	**$ _____**	

Note: Attach completed *Milestone Achievement Notification Form and Contractor Case Closure Notification Form* (if applicable)

Client Name:_____	RSA Case Number:_____

C33 Service Track II **Authorized Rate (AR): $ _____**

C33A	Job Readiness Skills Development	$: _____	(15% of AR)
C33B	Job Placement (15%)	$: _____	(15% of AR)
C33C	Job Support Retention, 4 Weeks (20%)	$: _____	(20% of AR)
C33E	Job Stabilization (20%)	$: _____	(20% of AR)
C33F	Successful Rehabilitation (30%)	$: _____	(30% of AR)

Total Amount Being Claimed: **$ _____**

Note: Attach completed *Milestone Achievement Notification Form and Contractor Case Closure Notification Form* (if applicable)

C34 Service Track III **Authorized Rate (AR): $ _____**

C34A	Job Readiness Skills Development	$: _____	(15% of AR)
C34B	Job Placement	$: _____	(15% of AR)
C34C	Job Support Retention, 4 Weeks	$: _____	(20% of AR)
C34D	Job Support Retention 8 Weeks	$: _____	(10% of AR)
C34E	Job Stabilization	$: _____	(10% of AR)
C34F	Successful Rehabilitation	$: _____	(30% of AR)

Total Amount Being Claimed: **$ _____**

Note: Attach completed *Milestone Achievement Notification Form and Contractor Case Closure Notification Form* (if applicable)

Total Amount of This Claim: $ _____

Section III. Contracted Provider Signature

Name of Contracted Provider Representative Authorized to Make Claim:	
Signature:	
Phone:	Email:

Section IV. Claim Processing (RSA Completes)

Date Claim Received:	Date Claim Paid:
VR Counselor Signature Approving Payment:	
VR Counselor Supervisor (if applicable):	
Processing PPT Name and Signature:	