Print Form

Performance Based Employment Services Pilot

PRE-SERVICE CONSULTATION OUTCOME FORM

This form is completed at the Pre-Service Consultation and documents the outcome of the meeting.

Section I. Basic Information

Date of Pre-Service Consultation:
Client Name:
Client RSA ID Number:
Client's Guardian/Representative Name (if applicable):
Contracted Provider Organization:
Contracted Provider Representative Present at Pre-Service Consultation:
Vocational Rehabilitation (VR) Counselor Present at Pre-Service Consultation:

Section II. Pre-Service Consultation Meeting Outcome

Check one:

_____ Contractor accepts referral and agrees to begin services 15 days from authorized service date (C35G)

_____ Contractor conditionally accepts referral but requires more client assessment data and an additional pre-service consultation meeting before final decision (C35G). Specify data needed: _____
_____

_____ Consumer declines referral (C35J). Explain why:_____
_____

_____ Contractor declines referral (C35H). Explain why:_____
_____

_____ Consumer and/or VR Counselor "no-show" for pre-service consultation (C35I)

_____ Contractor "no-show" for pre-service consultation (C35K)

_____ Other (specify):_____

Section III. Signatures

Client Signature *(If not available, please explain)*:	**Date:**
Client's Guardian/Representative Signature (if applicable):	**Date:**
Vocational Rehabilitation Counselor Signature:	**Date:**
Contracted Provider Representative Signature:	**Date:**