**IRC CIE Face Sheet for Vendors**

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| **Consumer Information** | |  |
| Consumer Name | |  |
| UCI# | |  |
| SSI# | |  |
| Birthday | |  |
| Service Code | |  |
| Service Coordinator | |  |
| **Vendor Information** |  | |
| Vendor Name |  | |
| Vendor Number |  | |
| Purchase of Service | CIEP / CIE6 / CIE12 | |
| **Employment Information** |  | |
| Employer Name |  | |
| Address |  | |
| Start Date |  | |
| Type of Employment |  | |
| Type of Work |  | |
| Type of Employment Supports |  | |
| Hourly Wage/Salary |  | |
| Hours Worked per Week |  | |
| Benefits Information |  | |
| Sick Leave (y/n) |  | |
| Holiday (y/n) |  | |
| Vacation (y/n) |  | |
| Medical (y/n) |  | |
| Dental (y/n) |  | |
| Vision (y/n) |  | |
| Other Benefits |  | |