



Inland Regional Center

Competitive Integrated Employment (CIE)

Incentive Payment Request Form

Consumer Name: _____

UCI#: _____

Vendor Name: _____

Vendor#: _____

Date of Request: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Start Date: _____

Avg. Weekly Work Hours: _____

CIE Incentive Payment Requested:

30 Day: _____ 6 Month: _____ 12 Month: _____

POS Authorization#: _____

Month Billed For: _____

Describe the vendor services and supports provided which assisted this consumer with finding the position:

Additional Comments: