PIP Face Sheet for FMS 24Hr Home Care

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| --- | --- | --- |
| Consumer Information | |  |
| Consumer Name | |  |
| UCI# | |  |
| SSI# | |  |
| Birthday | |  |
| Regional Center / Service Coordinator | |  |
| Ethnicity | |  |
| Diagnosis | |  |
| FMS Agency Info |  | |
| Vendor Name: 24 Hour Home Care  Vendor Number: PJ5018  Service Code: 491  Email: [inland@24hourcares.com](mailto:inland@24hourcares.com)  909-786-4912 |  | |
| Supported Employment Information |  | |
| Vendor/School Name |  | |
| Contact Name |  | |
| Vendor Number |  | |
| Service Code |  | |
| e-mail address |  | |
| Phone Number |  | |
| Internship Information |  | |
| Employer Name |  | |
| Address |  | |
| Start Date |  | |
| Type of Employment (warehouse, retail, fast food, etc.) |  | |
| Job Duties |  | |
| Type of Employment Supports |  | |
| Hourly Wage/Salary |  | |
| Hours Worked per Week |  | |
| Will internship lead to direct hire? (y/n) |  | |