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 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)  |   |