IRC PIP Face Sheet for FMS

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer Information | | | |
| Consumer Name: | | | |
| UCI#: | | | |
| Date of Birth: | | | |
| Regional Center Service Coordinator : | | | |
| FMS Agency Info ( | to be completed by FMS vendor | ) | |
| Vendor Name: 24 Hr HomeCare | | | |
| Vendor Number: PJ5018 | | | |
| Contact information: Ana Gonzalez / [ana@24hrcares.com](mailto:ana@24hrcares.com) / 909-786-4912 | | | |
| Service Code: 491 PIPW, and 491 1-4CE | | | |
| Effective Start Date of Internship | | | |
| Hourly wage: Employer Costs per hour (including hourly wage): | | | |
| Remaining PIP Hours (if applicable): | | | |
| Internship Information | | | |
| Employer Name: | | | |
| Address: | | | |
| Potential Start Date: | | | |
| Type of Employment (warehouse, retail, fast food, etc.): | | | |
| Job Duties: | | | |
| Hourly wage: | | | |
| Work hours per week: days and hours if known: | | | |
| Will internship lead to direct hire? (y/n) | | | |
| Day Services/Supported Employment Vendor Information | | | |
| Vendor Name: | | | |
| Vendor #: | | | |
| Contact Name: | | | |
| e-mail address: | | | |
| Phone Number: | | | |
| Hours of Employment Supports needed: DOR funded?: | | |  |
|  | | |  |