IRC PIP Face Sheet for FMS

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| Consumer Information  |   |
| Consumer Name:  |   |
| UCI#: |   |
| Birthday: |   |
| Regional Center Service Coordinator:  |   |
| FMS Agency Info (to be completed by FMS vendor) |   |
| Vendor Name: CityWay  |   |
| Vendor Number: PJ5289 |  |
| Service Code: 491 PIP, and 491 1-4CE |   |
| Effective Start Date of Internship  |  |
| Hourly wage: \_\_\_\_\_\_\_ Employer Costs: \_\_\_\_\_\_\_\_\_ |   |
| Last date of previous PIP, if applicable:  |  |
| Contact Info: CityWay Marcia Waggoner (Billing) Candise Romero909.457.7464 909-284-9638 m.waggoner@citywaycedc.org c.romero@citywaycedc.org |  |
| Internship Information  |  |
| Employer Name:  |   |
| Address:  |   |
| Potential Start Date:  |   |
| Type of Employment:  |   |
| Job Duties:  |   |
| Hourly wage:  |   |
| Work hours per week: |  |
| Days and work times per week: |  |
| Day Program days attending (if less than 5): |   |
| Will internship lead to direct hire? (y/n)   |   |
| Day Services Vendor Information  |  |
| Vendor Name: Vendor #: |  |
| Contact Name:  |  |
| email address: Phone #: |  |
| Date of IDT Meeting:  |  |
| Name of Job Coach providing 1:1 support for PIP:  |  |
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| Hours of PIP Supports needed: DOR funded? |  No |

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| Type of Employment Supports  |   |

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