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) Adrian Macias  909.457.7464 909-284-9638  [m.waggoner@citywaycedc.org](mailto:m.waggoner@citywaycedc.org) a.macias@citywaycedc.org |  |
| Internship Information |  |
| Employer Name: |  |
| Address: |  |
| Potential Start Date: |  |
| Type of Employment: |  |
| Job Duties(Describe in detail): |  |
| 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:  Names of participants in IDT meeting: |  |
| Name of Job Coach providing 1:1 support for PIP: |  |
| |  |  | | --- | --- | | Hours of PIP Supports needed: DOR funded? |  | | |  |  | | --- | --- | | Type of Employment Supports |  | |
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