EXTENDED SERVICES VERIFICATION OF AVAILABLE FUNDS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
SFN 1594 (1-2012)

Clear Fields

Print using black or blue ink pen (no pencil). Incomplete or indecipherable forms will not be accepted and may result in a delay in verification. Verification must be completed prior to authorizing Supported Employment Services.

Consumer's Name		VRIS Number	SEP Eligibility Date
Address			Apartment Number
City	State	ZIP Code	E-Mail Address
Telephone Number (Home)	Telephone Number (Work)		Telephone Number (Cell)
Extended Services Program Consumer is Applying For (Check One) ☐ Mental Health ☐ Other			
Disabilities		Functional Limitations	
Client has a serious mental illness ☐ Yes ☐ No		Name of Mental Illness Case Manager	
Client has a traumatic brain injury (TBI) ☐ Yes ☐ No			
Is client eligible for Developmental Disabilities (DD) services? ☐ Yes ☐ No		Name of DD Program Manager	
If yes, explain why the client is not eligible for DD Extended Services			

Job goal listed on the IPE:	
Name of the Community Rehab Provider	Expected Start Date for Extended Services
Number of hours per week the consumer is expected to be working:	Number of hours per month the consumer will need job coaching (Extended Services) once the VR case is closed:

To be completed by Extended Services Coordinator

Consumer meets criteria for extended services and approved ☐ Yes ☐ No	Category ☐ Mental Health ☐ Other
Slot Available and Reserved ☐ Yes ☐ No (Contact Rocky Mountain Rehab at 406-259-7495)	Placed on Waiting List ☐ Yes ☐ No
If denied, explain reason for denial:	

By signing this document, I certify the above information is true and accurate.

VR Counselor	Date
Extended Services Coordinator	Date

Forward a copy of this signed form to Rocky Mountain Rehab, Inc.