OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES
DRS COUNSELOR MONTHLY UPDATE FORM - PAGE 1

Case Identification Number (CID): _____ Date completed: _____

Individual's Name: _____ DRS Counselor: _____

Contractor: _____ EC Name: _____

Contract Name: **Supplemental Employment Services** Current Milestone: **SES JDP T2**

Milestone Begin Date: _____ Milestone End Date: _____

Authorization Number: _____ Date Authorization issued: _____

Select the correct answer to each question below.

The individual maintains regular contact with the EC.	☐	☐	☐
The individual is cooperative and demonstrates motivation to work.	☐	☐	☐
The individual is performing their assigned job duties as the employer expects.	☐	☐	☐
The individual contacts the EC when concerns or difficulties occur on the job.	☐	☐	☐

Instructions: The Contractor should complete this form when the milestone lasts more than 1 month from the date of receipt of the Authorization for Purchases of the authorized milestone. Email the form separately each month to the DRS Counselor, and include with the required documentation for payment. Give details about all activities, employee and employer contacts, number of applications submitted and include the business name and contact person, situations addressed and steps taken to resolve them, job accommodations implemented and the results, fading steps and progress, contacts with DRS counselor, rehab technician, or PM, etc.

Form Submitted by: _____ Date Form Submitted: _____

Clear Form

DRS COUNSELOR MONTHLY UPDATE FORM - PAGE 2

Case Identification Number (CID): _____ Date completed: _____

Instructions: The Contractor should complete this form when the milestone lasts more than 1 month from the date of receipt of the Authorization for Purchases of the authorized milestone. Email the form separately each month to the DRS Counselor, and include with the required documentation for payment. Give details about all activities, employee and employer contacts, number of applications submitted and include the business name and contact person, situations addressed and steps taken to resolve them, job accommodations implemented and the results, fading steps and progress, etc.

Form completed by: _____ Date form submitted: _____

Clear Form