

**SUPPORTED EMPLOYMENT (SE) – GROUP – INVOICE SUMMARY**

Date: \_\_\_\_\_

DR385C (Rev 03/20)

**REMIT PAYMENT TO** (SE Service Provider Name & Address):

**DOR District Office Name & Address:**

Department of Rehabilitation

SEP #:	Federal Tax ID #:	Billing Month/Year:	Invoice # (optional):	# DR385D-E Attached:
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**INSTRUCTIONS:**

- Complete separate detail sheets for group intake (DR385D) and group job coaching (DR385E).
- **DR385C** must be supported by the following documentation:
  - **Group Intake** - attach (1) DR385D and (2) DR382 - SE- Placement Services Progress Report.
  - **Group Job Coach** - attach (1) DR385E detail sheets, (2) DR384, and (3) DS1964. Actual allocated hours for the services provided cannot exceed the authorized hours on DR297JC. If the Allocated Job Coaching Hours by Consumer on the DS1964 exceed the Job Coach Hours per Month authorized, bill only the Maximum Job Coach Hours per Month.
- Complete one DR385C summary sheet for all DR385D&E detail sheets.
- Submit original signed **in blue ink** and one (1) copy.
- Write "Group Supported Employment Invoice" on the envelope.
- Mail to the DOR District Office, Attention: SEP Invoice Coordinator.

	Total # Consumers	Total Hours	Rate	Total Amount
Intake			\$360.00	
Job Coaching (GP)			\$39.57/hr	

**TOTAL INVOICE AMOUNT**

*For each of the services invoiced, I understand that payment from DOR is payment in full for the services provided, pursuant to Title 9 CCR Section 7322. I certify that I am authorized to make such certification for the above-named rehabilitation facility that (1) no duplicate payment or other funding has been received or is anticipated from any source for the same consumer, service and service period; and (2) the services invoiced have been provided.*

Signature (use blue ink): 	Completed by (type or print):	Phone Number:
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<b>DOR USE ONLY:</b> Approved for payment based on documentation of services provided.	Approved by: 	Date:
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Distribution:  DOR District Office  Service Provider

Attachments:  DR385D  DR382  DR297JC

Sent Simultaneously to Other Parties:  DR384 to counselor  DS1964 to DORSEP @dor.ca.gov

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.