GENERAL INFORMATION:

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right hand corner of the worksheet.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.

You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.

FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center as an email attachment or on a CD ROM use the following naming standard: Each file must start with the designation of "K" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: K372-JA04 is Form DS 1971 WAP for provider ID# 372 for January 2004.

You are required to email the completed form to the following agencies:
Regional Center: Email this form to each regional center being billed.
Department of Developmental Services (DDS): Work.Services@dds.ca.gov
Forms must be submitted no later than the 15th day of the following month of service.

FOR ELECTRONIC FORMATS ONLY: This form contains information protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). *The file must be password protected* to ensure the safety of the consumer's information. Coordinate with the regional center regarding protecting the consumer information contained in this form.

PROVIDER INSTRUCTIONS:

NOTICE

Read the notice and use the information to safeguard the consumer's information in accordance with the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164).

If the form has insufficient space for all consumers, create 2 files, Add an "a" to the name of one file and a "b" to the name of the second.

Program Information

Program Name: Enter the name of the program as vendored by the regional center.

Program Address: Enter the address/City/ZIP where the program is being conducted. (May be different from business/administrative address.)

Program Contact: Enter the program contact person's name.

Reporting Month and Year: Enter the timeframe covered by the invoice. Enter date as mm/yy.

Email: Enter the program's electronic mail address.

Phone Number: Enter the program's telephone number. Enter telephone number as XXX XXX-XXXX.

Consumer Monthly Information

Overall Averages: Data from all pages of consumer data in the fields will automatically calculate here once input. Do not enter any data here!

Average Hours Attended: This cell is calculated from data entered into the consumer data. Do not enter any data here!

Average % of Paid Work: This cell is calculated from data entered into the consumer data. Do not enter any data here!

Average % Productivity: This cell is calculated from data entered into the consumer data. Do not enter any data here!

Average Monthly Wages: This cell is calculated from data entered into the consumer data. Do not enter any data here!

Consumer Data

Inv Seq Num: The numerical sequence number per consumer. Do not enter data in this cell!

Last Name: Enter the consumer's last name. This data can be sorted by this field by using the arrow.

First Ini: Enter the initial of the consumer's first name.

UCI #: Enter the consumer's seven digit UCI #. If the UCI # entered is less than or more than 7 digits the field will remain light orange. This data can be sorted by this field by clicking the arrow.

Attended: Enter the average number of hours consumer attended the program during the month.

Paid Work: Enter average percentage time for the consumer's paid work during the month.

Productivity: Enter average productivity for the consumer while working during the month.

Hourly Wage: Enter average hourly wages consumer earned during the month in program.

All grey fields are calculated.

Month Designations:

January	JA	April	AP	July	JL	October	OC
February	FE	May	MY	August	AG	November	NO
March	MR	June	JN	September	SE	December	DE