

GENERAL INFORMATION:

This Excel file consists of one worksheet, two instruction sheets, and one template. Each document is labeled as to its function.

If you are unable to see the tabs at the bottom of the screen for each document, click on the maximize button (the center button) located in the upper right-hand corner of the computer screen.

The documents are protected to prevent the changing of formulas or formatting features built into the documents.

You may submit completed forms in an electronic 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 "C" followed by the provider's three-digit DOR numerical designation, and the month and year. For example: C372-JA04 is Form DS 1962 for provider ID # 372 for January 2004. See the Month Designations chart below.

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

PROVIDER INSTRUCTIONS:

Provider (Regional Center Vendor) Contact Information

Provider Name: Enter the name of the agency vendored by the regional center.

Provider Doing Business As (DBA) Name: Enter the DBA name if the provider uses a different name than the name the regional center vendored for supported employment group services.

RC Provider Number: Enter the agency's Vendor ID # provided by the vendoring regional center. This number begins with the letter "H" and has five additional characters, for example: HA0349.

Provider Address/City/ZIP: Enter the provider's business address, city, and ZIP code. The business address is the address the provider uses to conduct all its business activities. If the provider's business address is outside California, enter the two-letter state abbreviation in the City field.

DOR Facility #: Enter the agency's Program Facility ID # provided by the Department of Rehabilitation.

Worksite Information:

Worksite Name: Enter the name of the worksite where the work will be performed.

Worksite Address/City/ZIP: Enter the worksite's address, city, and ZIP code where the work will be performed.

Type of Work: Enter a brief description of the type of work the consumers will perform at the work site. (See the Supplemental Narrative Guidance Template tab to enter a detailed description of the work the consumers will perform.)

Work Affected By: Check all conditions that will affect the work schedule.

Other Description: Enter a description of the condition(s) if the Other box was checked.

Wages Paid by: Check the yes or no box to indicate if the wages are paid by the provider (vendor) or the employer.

Method Establishing Consumer Wages: Check the applicable box indicating the method used to determine the consumers' wages.

Start Date: Enter the date the consumers will begin working at the worksite as mm/dd/yy.

of Consumers: Enter the number of consumers who will be employed at the worksite.

Benefits Provided: Check each applicable box to indicate which benefits the consumer will receive while working at the worksite (i.e., vacation, medical, dental, sick, or other). If Other, describe the benefit in the box below.

Other Description: Enter a description of the benefits provided if the Other box was checked.

Weekly Work Schedule and Meal Break Time

Work Start Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, for example: 8:00 AM.

Work End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, for example: 8:00 AM.

Meal Break Start Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their meal break. Use AM and PM designations, for example: 8:00 AM.

Meal Break End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, for example: 8:00 AM.

Duration: This field calculates each day's total.

Total Hours per Week: This field calculates the weekly total.

Staggered Hours: Check either the yes or no box to indicate if the employer requires the use of staggered hours to complete the work. Staggered hours are only allowable if the consumers with non-staggered hours do not wait while consumers with staggered hours work.

If yes, justification: State the employer's requirement(s) justifying staggered hours.

Other Groups Working at the Same Site at the Same Time: Check either the yes or no box to indicate if there is more than one work group working at the same site at the same time.

If yes, justification: State the justification if more than one group is working at the same worksite.

Description of Consumer's Transportation Arrangements: Enter a brief description of how the consumers will arrive at the worksite. (See the Supplemental Narrative Guidance Template tab to enter a detailed description of the transportation arrangements.) Transportation arrangements shall utilize the most cost-efficient method.

Prepared by: Enter the name of the service provider's contact person who is requesting a new group.

Phone: Enter the telephone number of the service provider's contact person who is requesting a new group. Enter the telephone number as XXX-XXX-XXXX.

To be completed by DDS:

Do not fill out the shaded area: to be completed by DDS personnel.