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 "L" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: L372-JA04 is Form DS 1972 SEP IP 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).
Program Information	
	Program Name: Enter the name of the program as vendored by the regional center.
	Program Address: Enter the address/City/State/ZIP where the supported employment program is administered from. (May be different from business/administrative address.)
	Vendoring Regional Center: Enter the Abbreviation for the regional center (see attached list) which authorized services for the consumer, If Department of Rehabilitation is funding vocational rehabilitation services enter DOR.
	User Regional Center: (list all) Enter the abbreviation for the regional center (see attached list) which is utilizing services for the consumer.
	Completed By: Enter the person's name who completed the form.
	Program Contact: Enter the person's name who is the program's contact.
	Email: Enter the program's electronic mail account.
	Phone: Enter the program's telephone number.
	Reporting Month and Year: Enter the timeframe covered by the invoice. Enter date as mm/yy.
Consumer Monthly Information	
	Overall Average: Do not enter any data here! Data from all pages of consumer data in the fields will automatically calculate here once input.
	Total Consumer Hours Worked: This cell is calculated from data entered under the Hours Worked column. Do not enter any data here!
	Total Hours Job Coaching: This cell is calculated from data entered under the Hours of Job Coaching column. Do not enter any data here!
	% of Intervention: This cell is calculated from data entered under the % of Intervention column. Do not enter any data here!
	Average Hourly Wage: This cell is calculated from data entered under the Hourly Wage column. Do not enter any data here!
	Monthly Wage Total: This cell is calculated from data entered under the Monthly Wage Total column. Do not enter any data here!

Consumer Data and Data Entry Columns
Last Name: Enter the consumer's last name
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.
Hours Worked: Enter the number of hours consumer worked during the month.
Hours Job Coaching: Enter the number of hours consumer received of job coaching during the month including travel time.
Pre-Calculated Percentage of Intervention: Do not enter anything in this field it will be calculated automatically from the data in the Hours Worked and Hours of Job Coaching.
Hourly Wage: Enter the hourly wage consumer received while working during the month.
Pre-Calculated Monthly Wage Total: Do not enter anything in this field it will be calculated automatically from the data in the Hours Worked and Hourly Wage data.
Funding Source & Program Type: Choose Vocational Rehabilitaion (VR) or Regional Center (RC) Funded based on IP program funding source. If the consumer is enrolled in the Paid Internship Program (PIP), choose PIP, to indicate that they are enrolled in the PIP. (Use drop down tab in the cell.)
Consumers Employer: Write in where the consumer is employed at. E.g. name of store/agency etc.

Regional Center ID #:

Code	ABBRV	RC NAME
360	FDLRC	Frank D. Lanterman Regional Center
361	GGRC	Golden Gate Regional Center
362	SDRC	San Diego Regional Center
363	FNRC	Far Northern Regional Center
364	ACRC	Alta California Regional Center
365	SARC	San Andreas Regional Center
366	TCRC	Tri-Counties Regional Center
367	CVRC	Central Valley Regional Center
368	RCOC	Regional Center of Orange County
369	IRC	Inland Regional Center
370	RCRC	Redwood Coast Regional Center
371	NBRC	North Bay Regional Center
372	KRC	Kern Regional Center
373	ELARC	East Los Angeles Regional Center
374	SCLARC	South Central Los Angeles Regional Center
375	HRC	Harbor Regional Center
376	WRC	Westside Regional Center
377	VMRC	Valley Mountain Regional Center
378	NLACRC	North Los Angeles County Regional Center
379	SGPRC	San Gabriel/Pomona Regional Center
380	RCEB	Regional Center of the East Bay

DOR Vocational Rehabilitation (VR) ID #:

Code	ABBRV	RC NAME
2218	VR	DOR Vocational Rehabilitation

Month Designations:

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