

St. Clair County Community Mental Health
CE Outcome Payment Invoice (H2023 1Y)

Community Enterprises (CE)

Supported Employment Location
1033 26th St, Port Huron MI 48060-4853

Career Exploration & Discovery

Code: H2023 1Y

Start Date: _____

Individual: _____ DOB: _____ OASIS Case #: _____

Submission Date: _____ Total Billable Time: _____ Batch #: _____

Total Hours Worked by Job Developer: _____ Rate determined by Rate Calculator: _____ per unit.

CMH Case Holder: _____ Acuity Score: _____

Payable after Completion: \$1,800

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By signing this form, I attest that the above-named individual has completed the Career Exploration process and have documentation to accurately reflect this attached to this form, including the Griffin-Hammis Vocational Profile.

Community Enterprises (CE) staff are to complete this invoice, attach documentation, sign off on the form and send to the Case Manager and Contract Manager at SCCCMH. (All units of billable time should be submitted as a separate batch in OASIS.)

SCCCMH Case Manager is to review the invoice & documentation and then sign off on the form that this step has been completed. The Case Manager is to then forward all documentation to Tammy Sparks (Finance Department) for processing of payment.

After processing the payment, a copy of the invoice and all supporting documentation is then sent to the SCCCMH Scanning Department for scanning into the individual's record.

CE Staff Signature

Print Name

Date

SCCCMH Case Holder Signature

Print Name

Date

Finance Staff Initials & Date: _____