

St. Clair County Community Mental Health  
**CE Monthly Rate Invoice**

**Community Enterprises (CE)**

Supported Employment Location  
1033 26<sup>th</sup> St, Port Huron MI 48060-4853

**Job Coaching**

**Code: H2025**

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

Individual: \_\_\_\_\_ DOB: \_\_\_\_\_ OASIS Case #: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Total Billable Time: \_\_\_\_\_ Batch #: \_\_\_\_\_

Total Hours Worked by Individual: \_\_\_\_\_ Rate determined by Rate Calculator: \_\_\_\_\_ per unit.

CMH Case Holder: \_\_\_\_\_ Acuity Score: \_\_\_\_\_

.....  
**By signing this form, I attest that the above-named individual has received job coaching/support services and have documentation to accurately reflect this attached to this form.**

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

Copies of pay stubs to be kept on file at Community Enterprises and may be requested by SCCCMH at any time.

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

Finance Staff Initials & Date: \_\_\_\_\_