02/2020

CCIR Case Review Checklist

Client name: _____ Date of Review: _____

Provider name: _____

Staff Completing Review _____

Is Team Contact for the referral assigned to: ☐ VR Specialist ☐ Office Director

Date referred to Nebraska VR for CCIR: _____

Date initial CCIR provided: _____

Date of second CCIR provided (required 6 months after initial CCIR):_____

Annual CCIR dates completed: _____

- Has the individual expressed interest in Competitive Integrated Employment? ☐ Yes ☐ No
- If so, was a follow up meeting scheduled? ☐ Yes ☐ No
- Was a VR Application taken? ☐ Yes ☐ No
- If CCIR meetings have not been requested/completed, is there evidence of attempted contact with the Service Provider to seek clarification? ☐ Yes ☐ No
- If CCIR referral was closed out, what was the documented reason?_____
- Is this an acceptable reason? ☐ Yes ☐ No
- Was a copy (paper or e-version) of the Information and Referral (I & R) to Other Programs provided to the individual? ☐ Yes ☐ No
- Is there evidence of providing copies of the *Documentation Checklist* to all individuals listed at bottom of page? ☐ Yes ☐ No
- At minimum, has an annual task note been entered for the CCIR referral? ☐ Yes ☐ No

Next Steps/Actions Required:

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