

Career Counseling and Information & Referral Case Review Checklist

Client name: _____ Date of Review: _____

Provider name: _____

Staff Member Completing Review: _____

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? _____
- If CCIR referral was refused and closed, was a VR Refusal of Services completed and uploaded?
 Yes No
- Was I & R and Documentation Checklist uploaded in QE2? 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:
