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: