

 **OCLPA COMPETITIVE INTEGRATED EMPLOYMENT (CIE) SERVICES SHEET:**

**This form is to be used to identify appropriate services & supports needed to promote CIE for an individual with a disability who needs coordinated multi-**

**agency programming. The Integrated Resource Team (IRT) will complete this sheet together to indicate CIE Services, multi-agency identification, contact information and timelines.**

**Individual: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_ Service Agencies: (Check All that apply and indicate other.)**

 **Department of Rehabilitation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regional Center of Orange County District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Community College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ One Stop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **CIE SERVICE****NEEDS** | **RESOURCES/SERVICES****(Provided to the individual to support CIE)** | **AGENCY/SERVICE PROVIDER** | **RESPONSIBLE****PERSON** **(Include contact information)** | **TIMELINE****(Start & Estimated Completion Date)** | **EXPECTED OUTCOMES****(Related to job placement, monitoring & retention)** |
| 1. |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

**URP #4 (6-8-19)**