

Incentive Payment Request Form

Individual's Name: _____ CID: _____
Invoice Date: _____ DRS Counselor: _____
Contractor's Name: _____ EC Name: _____
EM Begin Date: _____ EM Completion Date: _____
ESS TA's Name: _____ Date Submitted to TA: _____

Check **ONE** box for the incentive you are billing, and submit this incentive payment request form with your **EM Milestone documentation** and supporting documentation for payment **before DRS case closure** to your **ESS TA. (See Page 2)**

<u>Incentive</u>	<u>Rate</u>
Individual with a felony conviction	\$500
Individual with HIV/AIDS	\$500
Individual classified as Severely Emotionally Disturbed (SED) in school	\$500
Individual who is legally blind	\$500
Individual who earns more than the average hourly wage for Oklahoma as indicated in the contract. (90 days after closure) Hourly Wage: _____	\$500
Deaf (Sign language is primary form of communication)	\$500
Deaf-Blind	\$500

Submitted by: _____ Date: _____
Signing here locks the form above this level. Email this form as attachment to TA for processing.

FOR OFFICIAL USE ONLY BY ESS TA

Approved _____ Denied _____ Case ID: _____

Authorization Number: _____ Date: _____

Comments

Signed _____

ESS TA:

Date

Incentive Payments (send to ESS TA for payment)

Special Incentives

Based on availability of DRS funds, one special incentive payment may be earned per case if the following conditions are met and proper documentation is provided as described in section one (1) or two (2) below:

1. The Contractor may receive an incentive of five hundred dollars (\$500) per individual for a one (1) time payment upon completion of the **EM Milestone: Successful Employment, before DRS case closure**, for difficult-to-serve individuals in these categories: individuals who have felony convictions, high school students who are classified by the school as severely emotionally disturbed (SED), individuals with HIV/AIDS, individuals who are legally blind, individuals who are deaf with primary communication of sign language, or individuals who are deaf/blind. For payment, Contractors must submit the following information to their **ESS TA prior to submitting Required Case Documentation for Payment of SE EM Milestone to the DRS Counselor**:

- a. **ESS-A-020 — Incentive Payment Request Form,**
- b. **All EM Milestone documentation and,**
- c. **Records of any felony conviction(s) (Oklahoma convictions available at:**

<https://okoffender.doc.ok.gov>

OR

- d. **Documentation of eligible disability including DRS eligibility statement, related medical information or educational records or other identifying disability documentation.**
2. The Contractor may receive an incentive of five hundred dollars (\$500) per individual for a one (1) time payment, upon completion of the **EM Milestone: Successful Employment, before DRS case closure**, when the individual earns more than **\$23.25** per hour. This amount is based on the average hourly wage for Oklahoma at the time this contract was written. For payment, Contractors must submit to their ESS TA the following:
 - a. **ESS-A-020 — Incentive Payment Request Form,**
 - b. **All EM Milestone documentation and,**
 - c. **One of the following:**
 - i. A Copy of the most current paystub/earnings statement including the individual's name, address, payroll period, date issued and check amount or,
 - ii. A wage verification letter on the employer's letterhead which indicates a breakdown of monthly wages. The verification letter should also include a contact person and a telephone number **or**,
 - iii. A Payroll Report from the employer which documents the individual's name, social security number, paycheck date, and breakdown of monthly payments, including a contact person and telephone number of the employer.