

St. Clair County Community Mental Health Authority

COMMUNITY ENTERPRISES

Supported Employment Location
1033 26th Street, Port Huron, MI 48060-4853

OUTCOME PAYMENT INVOICE

(Tax ID# 38-1561920)

Submission date: _____

Individual: _____

OASIS Case #: _____

CMH Case Holder: _____

Acuity Score: _____

Acuity Tier	Average Hours (worked per pay period) (i.e., weekly, bi-weekly)	Payable AFTER 21 days worked on the job
<i>Choose Acuity Level by Checking Box Below</i>		
<input type="checkbox"/> High (37+)	60	\$2700.00
<input type="checkbox"/> Medium (23-36)	40	\$1800.00
<input type="checkbox"/> Low (9-22)	25	\$1125.00

By signing this form, I attest that the above-named individual has worked 21+ days on the job and have attached documentation to accurately reflect this (Time Sheets, Pay Stubs, etc.).

CE staff are to complete the invoice, attach documentation, sign off on form and send to Sara Storm (case management support) at SCCCMHA.

SCCCMHA case manager is to review the invoice and supporting documentation and sign off on the form indicating that dates of employment have been verified.

Case manager is to forward all documentation to Tammy Sparks/Finance Department for processing of payment.

After processing the payment, a copy of the invoice and supporting documentation is sent to the SCCCMHA Scanning Department for scanning into the electronic health record.

CE Staff Signature/Printed Name and Job Title/Date

SCCCMHA Case Manager Signature/Date

Finance staff initials/date: _____