

EN SERVICES CERTIFICATION STATEMENT

Employment Network Name: _____

DUNS Number: _____

Beneficiary Name: _____

Beneficiary SSN: _____

Beneficiary Telephone: _____

Beneficiary Email: _____

Beneficiary Address: _____

When requesting any of the payments listed below, please fill-in **Part 1** of this form concerning the provision of previously agreed upon services and **Part 2** to indicate the services you will provide in the future. Keep a copy of this statement for your records.

Please select the EN Payment you are requesting:

Phase I, Milestone 4

Outcome 11

Phase II, Milestone 11

Outcome 22

Part 1: Statement of Services Provided

Please check the last plan of services submitted for the beneficiary, and insert the date.

- Individual Work Plan (IWP) Date: _____
- IWP Addendum: Statement of Future Services Date: _____

Initial Services Agreed to in IWP *(Include dates of services):*

Continuing Employment Support Agreed to in IWP or IWP Addendum

(Include dates of services):

By signing below, the EN confirms that at least 50% of the agreed upon services have been provided. The beneficiary should sign below if he or she received the services shown above. With the beneficiary's permission, the EN may sign on the beneficiary's behalf (i.e. John Smith *for* Jane Doe).

Beneficiary's Signature

Date

EN Representative's Signature

Date

Part 2: IWP Addendum-Statement of Future Services

Please list the future supports/services that you and the beneficiary agreed upon to help the beneficiary reach and sustain his or her long-term employment goal. Quarterly contact is a required service. If there are no other agreed upon services, please explain why.

Description of Supports/Services:

By signing below, the EN and beneficiary confirm that they agreed to the future ongoing employment supports listed above. With the beneficiary's permission, the EN may sign on the beneficiary's behalf (i.e. John Smith *for* Jane Doe).

Beneficiary's Signature

Date

EN Representative's Signature

Date