

**KANSAS REHABILITATION SERVICES ACTION PLAN**

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**Consumer  
Name:**

**Contractor  
Name:**

**Consumer Signature**

**Contractor Signature**

**Service Authorization #:**

**Service Authorization Date:**

**Date of Action Plan:**

**Reporting Frequency:**

**RS Counselor Name:**

**Type/Level of Service:**

**RS Counselor Signature**

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**Identified consumer conditions and preferences:**

**Identified barriers:**

**Action Steps to achieve service goal (see instructions):**

**KANSAS REHABILITATION SERVICES ACTION PLAN REPORT**

**Consumer Name:**

**Date of Report:**

**Service Authorization No:**

**Dates covered by this report:**

**Type/Level of Service:**

**Contractor Name:**

**RS Counselor Name:**

**Contractor Signature**

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**Contracted Service Status**

**Progress meets payment criteria**

**Progress Demonstrated**

**Successfully Completed Service**

**Service Interrupted: (date)  
Why?**

**When will services resume?**

**Service Ended:  
Why?**

**15 day notice needed? Yes No**

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**Job Obtained/Employment Information**

**Employer:**

**Job Title:**

**Supervisor:**

**Address:**

**City:**

**State:**

**Zip:**

**Start Date:**

**Hourly Wage: \$**

**Hours per Week:**

**Employment Benefits: Health Benefits**

**Vacation Leave:**

**Sick Leave:**

**Employment End Date:**

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**Report On Progress Of Action Steps (see instructions)**

# KANSAS REHABILITATION SERVICES ACTION PLAN REPORT

## Report On Progress Of Action Steps (continued)