

HELEN MARTIN  
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MEMORANDUM

TO: COUNSELOR

FROM: HELEN MARTIN, SSA/DVR COORDINATOR

SUBJECT: SSI/SSDI BONUS INCENTIVE AWARD

The closing counselor will be notified when a case is approved for reimbursement by SSA. Please complete the following information and return the form to Helen Martin, SSA/DVR Program. It is the responsibility of the closing counselor to remit the completed bonus form in order for staff to receive bonus incentive awards for that reimbursement case. Please review the completed form to ensure all information is correct before sending.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Case Number

**The total bonus incentive award is \$1000 for each case.**

The total bonus award for the closing **counselor** is \$850 to be divided as he/she feels is warranted.

\_\_\_\_\_  
**Closing Counselor's Name & Caseload Number**

\_\_\_\_\_  
Counselor Bonus Amount

\_\_\_\_\_  
Other DVR Staff Recipient

\_\_\_\_\_  
Bonus Amount

\_\_\_\_\_  
Other DVR Staff Recipient

\_\_\_\_\_  
Bonus Amount

\_\_\_\_\_  
Other DVR Staff Recipient

\_\_\_\_\_  
Bonus Amount

The total bonus award for the closing **assistant** is \$150 to be divided as he/she feels is warranted.

\_\_\_\_\_  
**Closing Assistant's Name**

\_\_\_\_\_  
Bonus Amount

\_\_\_\_\_  
Other DVR Staff Recipient

\_\_\_\_\_  
Bonus Amount