

**VR-110X**

**Assessment Services**

**110X - Diagnostic Vocational Evaluation (DVE)/Community Based Situational Assessment**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **1.** | **Units of Service Utilized:** | | | Click to enter | | | | | |
|  | Unit: Day (5 hour minimum) Half Unit: Half-day (2.5 hour minimum) | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
| **2.** | **Dates of Service:** | | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **3.** | **Briefly describe evaluation process that was utilized:** | | | | | |  |  |  |
|  | Detailed Vocational Assessment Report is required to be submitted with the VR-110X. | | | | | | | | |
|  | Click to enter | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **4.** | **Was this evaluation completed in an individual or group format?** | | | | | | |  |  |
|  |  |  | Individual |  |  | Group |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **5.** | **Was this report submitted within 10 business days of the service completion?** | | | | | | | | |
|  |  |  | Yes |  |  | No |  |  |  |
|  | **If no, explain:** | | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **6.** | **Was the VRC offered to attend the conference at the conclusion of the service?** | | | | | | | | |
|  |  |  | Yes |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **7.** | **Was the service completed in full?** | | | | | |  |  |  |
|  |  |  | Yes |  |  | No |  |  |  |
|  | **If no, explain:** | | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |  |  |

The Vocational Assessment Service Report was reviewed and agreed to by ACCES-VR VRC on the date listed below (Maintain documentation of this in participant record):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Click to enter |
|  |  |  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Signature of Qualified Evaluator I | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Signature of Qualified Evaluator II Supervisor | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |