VR-167X
Assistive Technology/Rehabilitation Technology
167X-Assistive Technology/Rehabilitation Technology Training

AV#: (7 digits)
ACCES-VR ID#: (6 digits)
CAMS ID #: (10 digits)

VR District Office: Provider:  
VRC Name: NYS Fiscal System ID:  
Report Date: 

Participant First Name: Participant Last Name:  
Participant Phone Number:  
Participant Email Address: 

Total Units of Service Provided:
Total Units of Service Authorized:
Dates of Training:
Location of Training:
Pertinent Background:
Effectiveness of Current Accommodation and Application:
Evaluation/Assessment Process:
Recommendation:

Additional Information:
Was this report completed within 10 days or the last service? ☐ Yes ☐ No
Last Date of Service:
If no, please explain:

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: