

**VR-571X**

**Supported Employment**

**571X-Intake**

|  |  |  |
| --- | --- | --- |
| 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 |
| Intake Date: | 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 | | |

**INITIAL ASSESSMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | |  |  |  |  |
| 1. | | Can you assist this individual in finding employment? | | | |  | Yes |  | No |
|  | |  | | | |  |  |  |  |
| 2. | | Are there any assets/barriers related to the disability that you need to discuss with the VRC prior to the development of the VR Individualized Service Plan? | | | |  | Yes |  | No |
|  | | If yes, explain: | Click to enter | | | | | | |
|  | |  | | | |  |  |  |  |
| 3. | | If you do not accept this individual for services, please explain: | | | | | | | |
|  | | Click to enter | | | | | | | |
|  | |  | | | |  |  |  |  |
| 4. | | Please list the next steps, including the next scheduled appointment. | | | | | | | |
|  | |  | | | |  |  |  |  |
| Comments/Next Steps: | | | | | |  |  |  |  |
|  | | Click to enter | | | | | | | |
| 5. | Date Referral Received: | | | Click to enter | | | | | |
| 6. | | Was this report completed and submitted within the required 20 days from the receipt of authorization? | | | |  | Yes |  | No |
|  | | If No, please explain and maintain adequate supporting documentation in the participants file. | | | | | | | |
|  | | Click to enter | | | | | | | |
| 8. | | Date of next appointment: | | | Click to enter |  |  |  |  |

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