

**Adjunct Services**

**792X-Coaching and Communication Supports for Post-Secondary Education and Employment**

|  |  |  |
| --- | --- | --- |
| 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 | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | |  |  |  |  |  |  |
| **Units (hours) Utilized this Month:** | | | | | | Click to enter | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Units (hours) Authorized:** | | | | Click to enter | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Units (hours) billed to date:** | | | | | Click to enter | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Is communication determined to be a functional limitation for this participant?** | | | | | | | | | | | |
|  |  |  |  | | |  | Yes |  | No |  |  |
|  |  |  |  | | |  |  |  |  |  |  |
| **Is the participant engaged in post-secondary education or competitive, integrated employment?** | | | | | | | | | | | |
|  |  |  |  | | |  | Yes |  | No |  |  |
|  |  |  |  | | |  |  |  |  |  |  |
| **If applicable, describe how post-secondary education been interrupted, intermittent or previously non-existent as a result of limitations imposed by disability.** | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Describe services provided and skill attainment related to the following areas in detail below:** | | | | | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Global Supports:** |  |  |  | | |  |  |  |  |  |  |
| Social Communication: | | | | Click to enter | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| Emotional Regulation: | | | | Click to enter | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| Communication Advocacy: | | | | Click to enter | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Communication Support at Post-Secondary Site:** | | | | | | | |  |  |  |  |
| Click to enter | | | | | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Communication Support at Employment Site:** | | | | | | | |  |  |  |  |
| Click to enter | | | | | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  |
| **Are weekly time sheets or weekly progress/activity reports outlining services delivered attached to the electronic reporting of this form?** | | | | | | | | | | | |
|  |  |  |  | | |  | Yes |  | No |  |  |
|  |  |  |  | | |  |  |  |  |  |  |
| **Is the report being submitted to the VRC via electronic reporting within 45 calendar days of authorization start date?** | | | | | | | | | | | |
|  |  |  |  | | |  | Yes |  | No |  |  |
|  |  |  |  | | |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **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 |