



**Adjunct Services**

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

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:	

**Units (hours) Utilized this Month:**

**Units (hours) Authorized:**

**Units (hours) billed to date:**

**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.**

**Describe services provided and skill attainment related to the following areas in detail below:**

**Global Supports:**

Social Communication:

Emotional Regulation:

Communication Advocacy:

**Communication Support at Post-Secondary Site:**

**Communication Support at Employment Site:**

**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

**Completed By:**

\_\_\_\_\_  
Qualified Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email: