Adjunct Services

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

<table>
<thead>
<tr>
<th>AV#: (7 digits)</th>
<th>ACCES-VR ID#: (6 digits)</th>
<th>CAMS ID #: (10 digits)</th>
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<tr>
<th>VR District Office:</th>
<th>Provider:</th>
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</thead>
<tbody>
<tr>
<td>VRC Name:</td>
<td>NYS Fiscal System ID:</td>
</tr>
<tr>
<td></td>
<td>Report Date:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant First Name:</th>
<th>Participant Last Name:</th>
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<tbody>
<tr>
<td>Participant Phone Number:</td>
<td></td>
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<tr>
<td>Participant Email Address:</td>
<td></td>
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</tbody>
</table>

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: