



Job Placement Services
921X-Direct Placement Intake

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

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

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

Intake/Initial Assessment

1. Is the provider able to assist the participant in finding employment? Yes No
Please explain:
2. Please comment on appropriateness of vocational goal, assets/barriers, job search methodologies, mutual expectations, willingness to work and reasonable expectations that job development will be successful.
3. Commence Job Development: Yes No
Date of Next Service:
4. Describe Next Steps:

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: