



Job Placement Services

Check Appropriate Box:

932X-Job Retention Services

937X-Job Retention Services (Deaf Service)

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

VR District Office:	Vendor:
VRC Name:	NYS Fiscal System ID:
	Report Date:

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

Placement Information

Job Title:
Business Name (Employer):
Business Address:
Start Date of Employment:
Date 90-day Retention:
Work Schedule/Hours:
Wages:
Essential Functions of the Position:

Medical Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits:		
Was this placement a direct result of Work-Readiness 3 Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant satisfied with employment and agreeable to case closure (with the understanding that future applications for ACCES-VR Services is an option if their employment situation changes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, explain:		
Describe Retention Services Provided:		
Comments/Other Information:		

I hereby certify that the information submitted on this report is true and correct.

_____ Qualified Staff Signature	_____ Date
_____ Printed Name	_____ Title
_____ Phone Number:	_____ Email:

I hereby certify that the information submitted on this report is true and correct.

_____ Participant Signature	_____ Date
_____ Printed Name	