



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:	Provider:
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: Yes No

Other Benefits:

Was this placement a direct result of Work-Readiness 3 Service? Yes 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)? Yes No

If No, explain:

Describe Retention Services Provided:

Comments/Other Information:

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: