

**Job Placement Services**

**Check Appropriate Box:**

[ ]  **959X-Coaching Supports for Employment**

[ ]  **563X-Coaching Supports for Employment-Deaf Service**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

**Service Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| 1. | Total Number of hour Authorized for 959X/563X: | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 2. | Total Number of hours provided during this report month: | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 3. | Total Number of hours used to date (Include total number of hours provided during this report month): | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |

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| Please provide detailed description of services provided to the participant including service date(s), numbers of hours, barrier addressed and/or ongoing issues to resolve. If additional services are needed a justification is required. |
| Click to enter |

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |