Job Placement Services

Check Appropriate Box:

☐ 959X-Coaching Supports for Employment
☐ 563X-Coaching Supports for Employment-Deaf Service

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

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

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

Service Information

1. Total Number of hour Authorized for 959X/563X:

2. Total Number of hours provided during this report month:

3. Total Number of hours used to date (Include total number of hours provided during this report month):

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.
VR-959X/VR-563X

Completed By:

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<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Printed Name</td>
<td>Title</td>
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<td>Phone Number:</td>
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