



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:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

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

Service Information

<ol style="list-style-type: none"> 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):
--

<p>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.</p>
--

VR-959X/VR-563X

Completed By:

Signature

Date

Printed Name

Title

Phone Number:

Email: