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Total Individuals Served per Disability Type

0	0	0	0	0
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Total Cost for Blind Participants This Month (ACCES-VR Use Only)

\$0.00

Total Two (2)
Contact

TOTAL ACCES-VR SERVICES PROVIDED:

0

ACCES-VR Monthly Rate

\$233.40

ACCES-VR Payment Total (Monthly Participant Count * Rate)

\$0.00

Statement of Certification: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge. Services have been provided in compliance with 34CFR363.6(c)(3). :

Signature of Executive Director or person of comparable authority:

Date:

**NEW YORK STATE EDUCATION DEPARTMENT
SUPPORTED EMPLOYMENT - EXTENDED SERVICES
MONTHLY REPORT OF SERVICES PROVIDED**

**ACCES-VR-SPONSORED PARTICIPANT ONLY
(\$2,800.80 Annual Rate for 2023)**

Agency: XYZ Career Center

Contract No. C012345

Month/Year: January 2023

Copy Sent to ACCES-VR District Offices (initial and date): _____

CaMS ID Number	Referring ACCES-VR District Office	Participant Name	Primary Disability Type					Date of Birth	Service Plan Date	Date of Entry Into Extended Svc.	Date of First Face to Face Contact By Vendor This Month	Date of Second Face to Face Contact By Vendor This Month	
			MI	ID/DD	Deaf	Blind	Other						
1	123456789	Manhattan	Mary Lamb		x				7/3/1990	1/1/2022	1/1/2015	1/3/2023	1/16/2023
2	123456780	Bronx	James Smith				x		8/15/1996	9/15/2021	9/15/2020	1/10/2023	1/23/2023
3	987654321	Queens	Rick Hart			x			6/6/1995	3/16/2021	3/16/2018	1/13/2023	1/20/2023
4	888888888	Mid-Hudson	Barry Johnson					x	2/5/1999	4/20/2021	4/20/2008	1/14/2023	1/29/2023
5	7799779977	Mid-Hudson	James Lamb					x	6/8/1992	5/20/2021	5/20/18	1/8/23	1/22/23
250													

Total Individuals Served per Disability Type

0	1	1	1	2
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Total Cost for Blind Participants This Month (ACCES-VR Use Only)

\$233.40

**Total Two (2)
Contact**

TOTAL ACCES-VR SERVICES PROVIDED:

5

ACCES-VR Monthly Rate

\$233.40

ACCES-VR Payment Total (Monthly Participant Count * Rate)

\$1,167.00

Statement of Certification: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge. Services have been provided in compliance with 34CFR363.6(c)(3). :

Signature of Executive Director or person of comparable authority:

Date: