

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

**ACCES-VR-SPONSORED CONSUMERS ONLY
(\$2,500 Annual Rate)**

Agency: _____

Contract No. _____

Month/Year: _____

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

CaMS ID Number	Referring ACCES-VR District Office	Consumer Name	Primary Disability Type					Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
			MI	MR	Deaf	Blind	Other			

Signature of Executive Director or person of comparable authority: _____

Date: _____

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

**ACCES-VR-SPONSORED CONSUMERS ONLY
(\$2,500 Annual Rate)**

Agency: XYZ Career Center
 Month/Year: October 2014

Contract No. C010000

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

	CaMS ID Number	ACCES-VR District Office	Consumer Name	Primary Disability Type					Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
				MI	MR	Deaf	Blind	Other			
1	123456789	Manhattan	Mary Lamb		x				1/1/2009	10/1/2014	10/15/2014
2	123456780	Bronx	James Smith				x		9/15/2008	10/11/2014	10/31/2014
3	987654321	Queens	Rick Hart			x			3/16/2006	10/8/2014	10/10/2014
4	888888888	Mid-Hudson	Barry Johnson					x	4/20/2008	10/16/2014	10/18/2014
250											
Total Individuals Served per Disability Type				0	1	1	1	1			
Total Cost for Blind Consumers This Month (ACCES-VR Use Only)							\$208.33				Total Two (2) Contact

TOTAL ACCES-VR SERVICES PROVIDED: 4

ACCES-VR Monthly Rate \$208.33

ACCES-VR Payment Total (Monthly Consumer Count * Rate) \$833.32

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 SUPPORT SERVICES
MONTHLY REPORT OF SERVICES PROVIDED**

**OPwDD TRANSFER CONSUMERS ONLY
(\$3,200 Annual Rate)**

Agency: _____

Contract No. _____

Month/Year: _____

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

	CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
1						
2						
3						
4						
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**NEW YORK STATE EDUCATION DEPARTMENT
SUPPORTED EMPLOYMENT - EXTENDED SUPPORT SERVICES
MONTHLY REPORT OF SERVICES PROVIDED**

**OPwDD TRANSFER CONSUMERS ONLY
(\$3,200 Annual Rate)**

Agency: _____

Contract No. _____

Month/Year: _____

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

CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
55					
56					
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99					
100					

TOTAL OPwDD TRANSFER EXTENDED SERVICES PROVIDED:	Total Two (2) Contact
	0
OPwDD Transfer Monthly Rate	\$266.67
OPwDD Transfer Payment Total (Monthly Contact Count * Rate)	\$0.00

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

**OPwDD TRANSFER CONSUMERS ONLY
(\$3,200 Annual Rate)**

Agency: _____

Contract No. _____

Month/Year: _____

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

CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
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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 SUPPORT SERVICES
MONTHLY REPORT OF SERVICES PROVIDED**

**OPwDD TRANSFER CONSUMERS ONLY
(\$3,200 Annual Rate)**

Agency: XYZ Career Center Contract No. C010000

Month/Year: October 2014

	CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
1	AA5609	Manhattan	David Green	1/1/2002	10/1/2014	10/15/2014
2	ES0589	Bronx	Josephine Apple	9/15/2003	10/11/2014	10/31/2014
3	TY7865	Queens	Mark Davidson	3/16/2000	10/8/2014	10/10/2014
4	MM6309	Mid-Hudson	William Washington	4/20/2001	10/16/2014	10/18/2014
5						

**Total Two (2)
Contact**

TOTAL OPwDD TRANSFER EXTENDED SERVICES PROVIDED: 4

OPwDD Transfer Monthly Rate **\$266.67**

OPwDD Transfer Payment Total (Monthly Contact Count * Rate) **\$1,066.68**

TOTAL PAYMENT FOR OPwDD TRANSFER EXTENDED SERVICES: **\$1,066.68**

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: _____