

**Job Placement Services**

**Monthly Placement Activity Report**

**Check Appropriate Box:**

**929X-Job Seeking and Development Services**

**935X-Job Seeking and Development Services (Deaf Service)**

**931X-Job Placement**

**936X-Job Placement (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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | |  |  |  | |  | |  | |  | |
| Summarize the services provided during the report month: (Activities, number of contacts with the participant, level of participant participation, barriers addressed, and ongoing issues needed to be resolved) | | | | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | | | | |
|  | | |  |  | | | |  |  |  | |  | |  | |  | |
| Hours of service provided this report month: | | | | | | | | | | Click to enter | | | | | | | |
|  | | |  |  | | | |  |  |  | |  | |  | |  | |
| **Please note a minimum of 10 hours of service are required monthly.** | | | | | | | | | | | | | | | | | |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  |  | | |  |  |  | | | |  | |  | |  | |  |
|  | Date of Contact: | | | | Business Name: | | | | | | Name of Person Contacted: | | | | | |  |
|  | Click to enter | | | | Click to enter | | | | | | Click to enter | | | | | |  |
|  | Type of Contact: | | | |  | Result: | | | | |  | |  | |  | |  |
|  | Click to enter | | | | Click to enter | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | |  |
|  | Click to enter | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | |  |

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