

VR-MPAR



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)

Table with 2 columns: ID type and length. Rows: AV# (7 digits), ACCES-VR ID# (6 digits), CAMS ID # (10 digits)

Table with 2 columns: Office/Name and Provider/ID/Date. Rows: VR District Office, VRC Name, Provider, NYS Fiscal System ID, Report Date

Table with 2 columns: First Name and Last Name. Rows: Participant First Name, Participant Last Name, Participant Phone Number, Participant Email Address

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:

Please note a minimum of 10 hours of service are required monthly.

Table with 3 columns: Date of Contact, Business Name, Name of Person Contacted

VR-MPAR

Type of Contact:	Result:
Comments:	

Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact:	Result:	
Comments:		

Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact:	Result:	
Comments:		

Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact:	Result:	
Comments:		

Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact:	Result:	
Comments:		

Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact:	Result:	
Comments:		

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: