



Supported Employment Monthly Progress

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:	

Complete as Appropriate:
Date of Service Interrupted:
Date of Re-Entry to Intensive Services:
Status of Extended Funding:
Date of Program Termination:

Progress Toward Current Employment Goals

1. Current employment goal(s):

2. Was a minimum of five hours of services completed for Yes No during this report month?
If no, please explain why the requirement was not met:

3. Has a change in goals been discussed? Yes No
If Yes, please discuss with VRC, list date of contact & summarize agreement here:
Date:

VR-MPSE

4. Are there additional barriers or new strategies to alleviate existing barriers to employment beyond those described on the VR Intensive Service Plan (VR-ISP)? Yes No
If Yes, please specify & identify strategies utilized.
5. Please describe services provided this month:
6. Please note any barriers that have been alleviated in the past month and how this was achieved.
7. Please note any additional concerns with obtaining and maintaining employment and the plan to alleviate these concerns.

Job Development Contacts

Please list any new business contacts made during this month. Additional comments are not required, but can be included to explain services beyond those available in the check boxes such as next steps:

1. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

2. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

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3. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

4. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

5. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

6. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested	

VR-MPSE

	<input type="checkbox"/> Hired
Comments:	

7. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

8. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

9. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, Specify	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired	
Comments:		

10. Date of Contact:	Business Name:	Name of Person Contacted:
Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email	Check as appropriate: <input type="checkbox"/> Application Completed <input type="checkbox"/> Interview Completed <input type="checkbox"/> Interview Scheduled	

VR-MPSE

<input type="checkbox"/> Other, Specify	<input type="checkbox"/> Job Filled by another applicant <input type="checkbox"/> Participant no longer interested <input type="checkbox"/> Hired
Comments:	

1. Are there any changes anticipated in the job development (goal, geographic region, etc.) over the coming month? Yes No
If Yes, please explain:

2. Additional Comments/Concerns:

Completed By:

Qualified Staff
Signature

Printed Name
Phone Number:

Date

Title
Email: