

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

ACCES-VR-SPONSORED PARTICIPANT ONLY
(\$2,719.20 Annual Rate for 2022)

Agency: _____
Month/Year: _____

Contract No. _____

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	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					

Total Individuals Served per Disability Type 0 0 0 0 0
Total Cost for Blind Participants This Month (ACCES-VR Use Only) \$0.00

Total Two (2)
Contact 0

TOTAL ACCES-VR SERVICES PROVIDED: _____

ACCES-VR Monthly Rate \$226.60

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
(\$2,719.20 Annual Rate for 2022)**

Agency: XYZ Career Center

Contract No. C012345

Month/Year: January 2022

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

ID Number	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	Date of Second	
				MI	ID/DD	Deaf	Blind	Other				Face to Face Contact By Vendor This Month	Face to Face Contact By Vendor This Month	
1	123456789	Manhattan	Mary Lamb		x				7/3/1990	1/1/2022	1/1/2015	1/3/2022	1/16/2022	
2	123456780	Bronx	James Smith				x		8/15/1996	9/15/2021	9/15/2020	1/10/2022	1/23/2022	
3	987654321	Queens	Rick Hart			x			6/6/1995	3/16/2021	3/16/2018	1/13/2022	1/20/2022	
4	888888888	Mid-Hudson	Barry Johnson					x	2/5/1999	4/20/2021	4/20/2008	1/14/2022	1/29/2022	
5	7799779977	Mid-Hudson	James Lamb					x	6/8/1992	5/20/2021	5/20/18	1/8/22	1/22/22	
250														
Total Individuals Served per Disability Type				0	1	1	1	2						
Total Cost for Blind Participants This Month (ACCES-VR Use Only)									\$226.60					

Total Two (2)
Contact

5

TOTAL ACCES-VR SERVICES PROVIDED:

ACCES-VR Monthly Rate

\$226.60

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

\$1,133.00

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: