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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 \$220.00

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 SUPPORT SERVICES
MONTHLY REPORT OF SERVICES PROVIDED**

**ACCES-VR-SPONSORED PARTICIPANT ONLY
(\$2,640 Annual Rate)**

Agency: XYZ Career Center Contract No. _____

Month/Year: January 2019

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

1	CaMS ID Number	Referring ACCES-VR District Office	Participant Name	Primary Disability Type					Date of Birth	Services Plan Date	Date of Entry Into Extended Svc.	Date of First Face to Face Contac By Vendor This Month	Date of Second Face to Face Contac By Vendor This Month	
				MI	MR	Deaf	Blind	Other						
1	123456789	Manhattan	Mary Lamb		x				7/3/1990	1/1/2009	1/1/2009	1/1/2019	1/16/2019	
2	123456780	Bronx	James Smith				x		8/15/1996	9/15/2008	9/15/2008	1/2/2019	1/23/2019	
3	987654321	Queens	Rick Hart			x			6/6/1995	3/16/2006	3/16/2006	1/13/2019	1/20/2019	
4	888888888	Mid-Hudson	Barry Johnson					x	2/5/1999	4/20/2008	4/20/2008	1/14/2019	1/29/2019	
5	7799779977	Mid-Hudson	James Lamb					x	6/8/1992	5/20/18	5/20/18	1/8/19	1/22/19	
250														
Total Individuals Served per Disability Type				0	1	1	1	2						
Total Cost for Blind Participants This Month (ACCES-VR Use Only)									\$220.00					

TOTAL ACCES-VR SERVICES PROVIDED:

**Total Two (2)
Contact**
5

ACCES-VR Monthly Rate

\$220.00

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

\$1,100.00

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: