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:		Contract No.
Month/Year:		
Conv. Cont to ACCES VD District	t Office (initial and data).	

		Referring	Offices (initial and date):						Date			Date of First Face to Face Contact	By Vendor
	CaMS	ACCES-VR	De 4th and Nove	247	Prin	ary Disa	bility Ty	pe	of D: 4	Plan	Into	By Vendor	
	ID Number	District Office	Participant Name	MI	MK	Deaf	Blind	Other	Birth	Date	Extended Svc.	This Month	This Month
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Total	Cost for Blind P	articipants This	Month (ACCES-VR Use Only)				\$0.00				Total Two (2) Contact
	TOTAL ACCES	S-VR SERVICES	S PROVIDED:								0
	ACCES-VR Mo	onthly Rate									\$220.00
	ACCES-VR Pay	vment Total (Mo	nthly Participant Count * Rate)								\$0.00
		, 2 0441 (1910)	, - 22 to pane count (1400)								ψ0.00
	Statement of Co.	rtification: I be	reby certify that the information contained herein	ję vol	id and	accuret	e fo				
			ces have been provided in compliance with 34CFF				. 10				
	Signature of Exc	ecutive Director	or person of comparable authority:								
										Date:	
										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:		ATZ Career center									Contract 110	•
Month/Year:		January 2019									_	
Copy Sent to A	CCES-VR Distr	ict Offices (initial and date):		_								
	Referring							Date	Services	Date of Entry	Date of First 'ace to Face Conta	Date of Second cace to Face Conta
CaMS	ACCES-VR			Prin	ary Dis	ability Ty	pe	of	Plan	Into	By Vendor	By Vendor
ID Number	District Office	Participant Name	MI	MR	Deaf	Blind	Other	Birth	Date	Extended Svc.	This Month	This Month
123456789	Manhattan	Mary Lamb		X				7/3/1990	1/1/2009	1/1/2009	1/1/2019	1/16/2019
123456780	Bronx	James Smith				X		8/151996	9/15/2008	9/15/2008	1/2/2019	1/23/2019
987654321	Queens	Rick Hart			X			6/6/1995	3/16/2006	3/16/2006	1/13/2019	1/20/2019
88888888	Mid-Hudson	Barry Johnson					X	2/5/1999	4/20/2008	4/20/2008	1/14/2019	1/29/2019
7799779977	Mid-Hudson	James Lamb					X	6/8/1992	5/20/18	5/20/18	1/8/19	1/22/19
Individuals Serv	ved per Disabilit	ty Type	0	1	1	1	2		_			
Cost for Blind I	Participants Thi	s Month (ACCES-VR Use Only)				\$220.00						Total Two (2)
							_					Contact
TOTAL ACCE	S-VR SERVICE	S PROVIDED:										5
ACCES-VR Mo	onthly Rate											\$220.00
ACCES-VR Pag	yment Total (M	onthly Participant Count * Rate)										\$1,100.00
the best of my k	mowledge. Serv	rices have been provided in compliance with				ate to					Date:	
	CaMS ID Number 123456789 123456780 987654321 888888888 7799779977 Individuals Serv Cost for Blind F TOTAL ACCES ACCES-VR Mo	Month/Year: Copy Sent to ACCES-VR District Office 123456789	Copy Sent to ACCES-VR District Offices (initial and date): Referring CaMS ACCES-VR ID Number District Office Participant Name 123456789 Manhattan Mary Lamb 123456780 Bronx James Smith 987654321 Queens Rick Hart 888888888 Mid-Hudson Barry Johnson 7799779977 Mid-Hudson James Lamb Individuals Served per Disability Type Cost for Blind Participants This Month (ACCES-VR Use Only) TOTAL ACCES-VR SERVICES PROVIDED: ACCES-VR Monthly Rate ACCES-VR Payment Total (Monthly Participant Count * Rate)	Copy Sent to ACCES-VR District Offices (initial and date): Referring CaMS ACCES-VR ID Number District Office Participant Name MI 123456789 Manhattan Mary Lamb 123456780 Bronx James Smith 987654321 Queens Rick Hart 88888888 Mid-Hudson Barry Johnson 7799779977 Mid-Hudson James Lamb Individuals Served per Disability Type Cost for Blind Participants This Month (ACCES-VR Use Only) TOTAL ACCES-VR SERVICES PROVIDED: ACCES-VR Monthly Rate ACCES-VR Payment Total (Monthly Participant Count * Rate) Statement of Certification: I hereby certify that the information contained herein is va the best of my knowledge. Services have been provided in compliance with 34CFR363.	Copy Sent to ACCES-VR District Offices (initial and date): Referring CaMS ACCES-VR Participant Name Prin ID Number District Office Participant Name MI MR 123456789 Manhattan Mary Lamb x 123456780 Bronx James Smith 987654321 Queens Rick Hart 88888888 Mid-Hudson Barry Johnson 7799779977 Mid-Hudson James Lamb Individuals Served per Disability Type 0 1 Cost for Blind Participants This Month (ACCES-VR Use Only) TOTAL ACCES-VR SERVICES PROVIDED: ACCES-VR Monthly Rate ACCES-VR Payment Total (Monthly Participant Count * Rate) Statement of Certification: I hereby certify that the information contained herein is valid at the best of my knowledge. Services have been provided in compliance with 34CFR363.6(c)(3)	Copy Sent to ACCES-VR District Offices (initial and date): Referring	Month/Year: January 2019	Month/Year: January 2019	Copy Sent to ACCES-VR District Offices (initial and date):	Month/Year: January 2019 Services January 2019 Services Services	Month/Year: January 2019 Services January 2019 Services Copy Sent to ACCES-VR District Offices (initial and date): Services Date of Entry CaMS ACCES-VR Services Date of Entry Double District Office Participant Name MI MR Doef Blind Other Birth Date Extended Svc. 123456789 Manhattan Mary Lamb Navy La	Month/Year: January 2019 Services January 2019 January 2019