



VR-932X (12/13)

VR-937X (12/13)

AV #:	(7 digits)
ACCES-VR ID #:	(6 digits)
CaMS ID #:	(10 digits)

Job Placement Services

Check Appropriate Box (Report Each Service Separately):

- Job Retention Services - Tier 4 – 932X
 Job Retention Services (Deaf Service) - Tier 4 – 937X

VR District Office:	Provider:
VR Counselor Name:	Service Date: Month: Year:

Consumer Name: First: Middle: Last:
Consumer Phone Number:
Consumer Email Address:

Employer (Company Name):	Address (Company Address):
Job Title:	90-Day Retention Date:
Job Duties:	Weekly Salary: Hours Per Week:
Medical Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits (List):
Is Consumer Satisfied with this Position: <input type="checkbox"/> Yes <input type="checkbox"/> No Consumer is satisfied with employment and is agreeable to case closure (with the understanding that future applications for ACCES-VR Services is an option if employment situation changes): Yes No	If NO is checked, please explain:

Other Information:



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Completed By:
Phone Number:
Email Address:

Title:
Date: