



**VR-MPSE
(Formerly VR-417)**

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

Monthly Progress for Supported Employment

Provider Name:

NYS Fiscal System #:

DATE OF SERVICE PROVISION FOR Drop Down Drop Down (fill in month and year from the drop down menus)

Consumer Name:

Authorization #:

District Office Name:

VR Counselor Name:

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. Has a change in goals been discussed?

Yes

No

If Yes, please discuss with VRC, list date of contact & summarize agreement here:

3. Are there additional barriers or new strategies to alleviate existing barriers to employment beyond those described on the VR Intensive Service Plan (VR-ISP)?

If Yes, please specify & identify strategies you are utilized.

4. Please note any barriers that have been alleviated in this past month and how this was achieved.

5. Please note any additional concerns with obtaining and maintaining employment and the plan to alleviate these concerns.

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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:

| | | |
|---|--|---------------------------|
| 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"/> consumer no longer interested <input type="checkbox"/> hired Comments: | |
| 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"/> consumer no longer interested <input type="checkbox"/> hired Comments: | |
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6. Are there any changes anticipated in job development (goal, geographic region, etc.) over the coming month? Yes No

If Yes, please explain:

Signature of Provider

Title

Date