

ATTACHMENT 1: Form

**CIL Consumer Employment Data
Report Summary**

CIL Name _____

ACCES-VR Contract Year _____

Total Number of Full Time Placements: _____
*(Total Number of Consumers Served Full Time
from MS Excel IL Employment Impact
Individual Consumer Worksheet)*

Total Number of Part Time Placements: _____
*(Total Number of Consumers Served Part Time
from MS Excel IL Employment Impact
Individual Consumer Worksheet)*

Total Wages for 52 Week Year: **\$** _____
*(Total Wages for 52 Week Year from MS Excel
IL Employment Impact Individual Consumer
Worksheet)*