

**VR-571X**

**Supported Employment**

**571X-Intake**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
| Intake Date: | Click to enter | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

**INITIAL ASSESSMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 1. | Can you assist this individual in finding employment? |[ ]  Yes |[ ]  No |
|  |  |  |  |  |  |
| 2. | Are there any assets/barriers related to the disability that you need to discuss with the VRC prior to the development of the VR Individualized Service Plan? |[ ]  Yes |[ ]  No |
|  | If yes, explain: | Click to enter |
|  |  |  |  |  |  |
| 3. | If you do not accept this individual for services, please explain:  |
|  | Click to enter |
|  |  |  |  |  |  |
| 4. | Please list the next steps, including the next scheduled appointment. |
|  |  |  |  |  |  |
| Comments/Next Steps: |  |  |  |  |
|  | Click to enter |
| 5. | Date Referral Received: | Click to enter |
| 6. | Was this report completed and submitted within the required 20 days from the receipt of authorization? |[ ]  Yes |[ ]  No |
|  | If No, please explain and maintain adequate supporting documentation in the participants file.  |
|  | Click to enter |
| 8. | Date of next appointment: | Click to enter |  |  |  |  |

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |