

**Job Placement Services**

**921X-Direct Placement 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 |
| Date of Intake: | 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 |

**Intake/Initial Assessment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| 1. | Is the provider able to assist the participant in finding employment?  |  |[ ]  Yes |[ ]  No |  |
|  | Please explain: |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| 2. | Please comment on appropriateness of vocational goal, assets/barriers, job search methodologies, mutual expectations, willingness to work and reasonable expectations that job development will be successful. |  |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| 3. | Commence Job Development: |  |[ ]  Yes |[ ]  No |  |
|  | Date of Next Service: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| 4. | Describe Next Steps: |  |  |  |  |  |  |
|  | 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 |