

**Job Placement Services**

**Check Appropriate Box:**

**959X-Coaching Supports for Employment**

**563X-Coaching Supports for Employment-Deaf Service**

|  |  |  |
| --- | --- | --- |
| 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 |
|  | | 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 | | |

**Service Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | |  |  |  |  |
| 1. | Total Number of hour Authorized for 959X/563X: | | | | | Click to enter | | | |  |
|  |  |  |  |  |  | |  |  |  |  |
| 2. | Total Number of hours provided during this report month: | | | | | Click to enter | | | |  |
|  |  |  |  |  |  | |  |  |  |  |
| 3. | Total Number of hours used to date (Include total number of hours provided during this report month): | | | | | Click to enter | | | |  |
|  |  |  |  |  |  | |  |  |  |  |

|  |
| --- |
| Please provide detailed description of services provided to the participant including service date(s), numbers of hours, barrier addressed and/or ongoing issues to resolve. If additional services are needed a justification is required. |
| Click to enter |

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