NEW YORK STATE EDUCATION DEPARTMENT SUPPORTED EMPLOYMENT - EXTENDED SERVICES MONTHLY REPORT OF SERVICES PROVIDED

ACCES-VR-SPONSORED PARTICIPANT ONLY (\$2,800.80 Annual Rate for 2023)

Agency:	Contract No.	
Month/Year:	_	

	Copy Sent to A	CCES-VR Distri	ict Offices (initial and date):											
									Data	Comico	Date of First Date of Second Date of Entry Face to Face ContactFace C			
	CaMS	Referring ACCES-VR]		Prima	ry Disal	bility Ty	pe	Date of	Service Plan	Into	By Vendor	By Vendor	
	ID Number	District Office	Participant Name	MI	ID/DD	Deaf	Blind	Other	Birth	Date	Extended Svc.		This Month	
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Total	Individuals Serv	ved per Disabilit	у Туре	0	0	0	0	0			
Total	Cost for Blind I	Participants This	s Month (ACCES-VR Use Only)				\$0.00				Total Two (2)
								_			Contact
	TOTAL ACCE	S-VR SERVICE	S PROVIDED:								0
	ACCES-VR Mo	onthly Rate									\$233.40
	ACCES-VR Pag	yment Total (Mo	onthly Participant Count * Rate)								\$0.00
	Statement of Ce	ertification: I he	ereby certify that the information contained here	ein is v	valid an	d accura	ate to				
	the best of my k	knowledge. Serv	ices have been provided in compliance with 34C	FR36	3.6(c)(3) . :					
	Signature of Ex	ecutive Director	or person of comparable authority:								
									 	 Date:	

NEW YORK STATE EDUCATION DEPARTMENT SUPPORTED EMPLOYMENT - EXTENDED SERVICES MONTHLY REPORT OF SERVICES PROVIDED

ACCES-VR-SPONSORED PARTICIPANT ONLY (\$2,800.80 Annual Rate for 2023)

	Agency:		XYZ Career Center									Contract No.	C012345
	Month/Year:		January 2023									<u> </u>	
	Copy Sent to A	CCES-VR Distr	rict Offices (initial and date):										
		Referring							Date	Service	Date of Entry	Date of First	Date of Second
	CaMS	ACCES-VR			Prime	ary Dica	bility Ty	ne	of	Plan	Into	By Vendor	By Vendor
	ID Number	District Office	Participant Name	MI	ID/DD		Blind	Other	Birth	Date	Extended Svc.	This Month	This Month
П	123456789	Manhattan	Mary Lamb		X				7/3/1990	1/1/2022	1/1/2015	1/3/2023	1/16/2023
:	123456780	Bronx	James Smith				х		8/151996	9/15/2021	9/15/2020	1/10/2023	1/23/2023
;	987654321	Queens	Rick Hart			х			6/6/1995	3/16/2021	3/16/2018	1/13/2023	1/20/2023
	88888888	Mid-Hudson	Barry Johnson					х	2/5/1999	4/20/2021	4/20/2008	1/14/2023	1/29/2023
;	7799779977	Mid-Hudson	James Lamb					X	6/8/1992	5/20/2021	5/20/18	1/8/23	1/22/23
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tal	Individuals Ser	ved per Disabili	ity Type	0	1	1	1	2		=			
tal	Cost for Blind	Participants Th	is Month (ACCES-VR Use Only)				\$233.40						Total Two (2) Contact
	TOTAL ACCE	S-VR SERVIC	ES PROVIDED:										5
	ACCES-VR M	onthly Rate											\$233.40
	ACCES-VR Pa	yment Total (M	Ionthly Participant Count * Rate)										\$1,167.00
	Statement of C	ertification: I h	nereby certify that the information contai	ned herein is	valid aı	nd accur	ate to						
	the best of my l	knowledge. Ser	vices have been provided in compliance w	vith 34CFR36	63.6(c)(3	3).:							
	Signature of Ex	xecutive Directo	or or person of comparable authority:										
_												Date:	_