#### ACCES-VR-SPONSORED CONSUMERS ONLY (\$2,500 Annual Rate)

			(\$2,500	Annı	ual F	(ate						
	Agency:									Contract No.		
	Month/Year:											
		TAD D. C. COR								•		
	Referring CaMS ACCES-VR ID Number District Office		fices (initial and date):  Consumer Name		Prim MR	ary Disa Deaf	ability Ty Blind	ype Other	Into	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month	
1												
3												
4												
6												
7												
9												
10 11												
12												
13 14												
15												
16 17												
18												
19 20												
21												
22												
24												
25 26												
27												
28 29												
30												
31 32												
33 34												
35												
36 37												
38												
39 40												
41												
42												
44												
45 46												
47												
48												
50												
51 52												
53 54												
55												
56 57												
58												
59 60												
61												
62 63												
64												
65		1			1	Ī	ĺ	Ī				

1 of 5 6/16/2017

66

#### ACCES-VR-SPONSORED CONSUMERS ONLY (\$2,500 Annual Rate)

			(\$2,500 A	nnu	ial K	(ate							
	Agency:									Contract No.			
	Month/Year:												
	Sent to ACCES	.VR District Off	fices (initial and date):										
	CaMS	Referring ACCES-VR			Prim	ary Disa	ability Ty	vpe	Date of Entry Into	By Vendor	By Vendor		
67	ID Number	District Office	Consumer Name	MI	MR	Deaf	Blind	Other	Extended Svc.	This Month	This Month		
68													
69 70													
71													
72 73													
74													
75 76													
77 78													
79													
80 81													
82													
83 84													
85													
86 87													
88													
89 90													
91													
92 93													
94 95													
96													
97 98													
99													
100 101													
102													
103 104													
105													
106 107													
108													
109 110													
111 112 113													
113													
114 115													
116													
117													
118 119													
120 121													
122													
123 124													
125													
126 127													
128													
129 130													
131													

2 of 5 6/16/2017

132

#### ACCES-VR-SPONSORED CONSUMERS ONLY

			(\$2,	500 Annı	ıal R	late)					
	Agency:									Contract No.	
	Month/Year:										
	Sent to ACCES	S-VR District Off	fices (initial and date):								
CaMS ID Number		Referring ACCES-VR District Office			Prim MR	ary Disa Deaf	ability Ty Blind	pe Other	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
133											
134 135											
136											
137 138											
139 140											
141											
142 143											
144											
145 146											
147 148											
149											
150 151											
152											
153 154											
155											
156 157											
158 159											
160											
161 162											
163											
164 165											
166											
167 168											
169 170											
171											
172 173											
174											
175 176											
177											
178 179											
180 181											
182											
183 184											
185											
186 187											
188											
189 190											
191											
192 193											
194 195											
196											
197	1		1		Ī		Ī	Ī			

3 of 5 6/16/2017

198

#### ACCES-VR-SPONSORED CONSUMERS ONLY (\$2,500 Annual Rate)

	Agency:									Contract No.	
	Month/Year:									:	
	Sent to ACCES	-VR District Off	fices (initial and date):								
	CaMS ID Number	Referring ACCES-VR District Office	Consumer Name	MI	Prim MR	ary Disa Deaf	ability Ty Blind	pe Other	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
199 200											
201											
202 203											
204											
205 206											
207											
208 209											
210											
211 212											
213											
214 215											
216											
217											
218 219											
220											
221 222											
223											
224 225											
226											
227 228											
229											
230 231											
232											
233 234											
235											
236 237											
238											
239 240											
241											
242 243											
243											
245											
246 247											
248											
249 250											
		l				1		1			J.
		ved per Disabili Consumers This	ty Type Month (VESID Use Only)	0	0	0	\$0.00	0			Total Two (2) Contact
		SERVICES PE	ROVIDED:								0
	ACCES-VR Mo	onthly Kate									\$208.33

Statement of Certification: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge. Services have been provided in compliance with 34 CFR 363.6(c)(3).:

ACCES-VR Payment Total (Monthly Consumer Count \* Rate)

4 of 5 6/16/2017

\$0.00

#### ACCES-VR-SPONSORED CONSUMERS ONLY (\$2,500 Annual Rate)

Date of Second
Monthly Contact
By Vendor
This Month
Date

5 of 5 6/16/2017

#### ACCES-VR-SPONSORED CONSUMERS ONLY (\$2,500 Annual Rate)

	Agency:		XYZ Career Center		Contract No. C010000							
	Month/Year:		October 2014							-		
	Sent to ACCES	-VR District Of	fices (initial and date):									
	CaMS	ACCES-VR					isability Type	e	Date of Entry Into	Date of First Monthly Contact By Vendor	Date of Second Monthly Contact By Vendor	
	ID Number	District Office	Consumer Name	MI	MR	Deaf	Blind	Other	Extended Svc.	This Month	This Month	
l	123456789	Manhattan	Mary Lamb		Х				1/1/2009	10/1/2014	10/15/2014	
2	123456780	Bronx	James Smith				X		9/15/2008	10/11/2014	10/31/2014	
3	987654321	Queens	Rick Hart			X			3/16/2006	10/8/2014	10/10/2014	
ı	88888888	Mid-Hudson	Barry Johnson					X	4/20/2008	10/16/2014	10/18/2014	
50												
	l Individuals Se	-		0	1	1	1	1				
ota	l Cost for Blind	Consumers Thi	is Month (ACCES-VR Use Only)			ļ	\$208.33	]			Total Two (2)	
	TOTAL ACCE	S-VR SERVICI	ES PROVIDED:								Contact 4	
	ACCES-VR Mo	onthly Rate									\$208.33	
	ACCES-VR Pa	yment Total (M	onthly Consumer Count * Rate)								\$833.32	
	Statement of Certification: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge. Services have been provided in compliance with 34CFR363.6(c)(3).:											
	Signature of Ex	Signature of Executive Director or person of comparable authority:										

Date:

1 of 1 6/16/2017

### OPwDD TRANSFER CONSUMERS ONLY (\$3,200 Annual Rate)

	Agency: Month/Year:			Contract No.				
	Sent to ACCES	-VR District Off	ices (initial and date):		D	D		
	CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month		
1								
3								
4								
5 6								
7								
8								
9 10								
11								
12 13								
14								
15								
16 17								
18								
19								
20 21								
22								
23								
24 25								
26								
27								
28 29								
30								
31								
32 33								
34								
35								
36 37								
38								
39								
40 41								
42								
43								
44								
46								
47								
48								
49 50								
51								
52								
53	İ				I	l		

1 of 3 6/16/2017

#### OPwDD TRANSFER CONSUMERS ONLY (\$3,200 Annual Rate)

	Agency:				Contract No.	
	Month/Year:					
	Sent to ACCES	S-VR District Off	ices (initial and date):			
	CaMS ID Number	ACCES-VR District Office		Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month
55						
56						
57						
58						
59						
60 61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72 73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85 86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99 100		-				
100						l
						Total Two (2)

Total Two (2)
Contact

TOTAL OPwDD TRANSFER EXTENDED SERVICES PROVIDED:

OPwDD Transfer Monthly Rate

\$266.67

OPwDD Transfer Payment Total (Monthly Contact Count \* Rate)

\$0.00

2 of 3 6/16/2017

### OPwDD TRANSFER CONSUMERS ONLY (\$3,200 Annual Rate)

Agency:	-		Contract No	•						
Month/Year:	-		_							
Sent to ACCES	S-VR District Offi	ces (initial and date):								
CaMS ID Number	ACCES-VR District Office	Date of Entr Into Consumer Name Extended Sv	By Vendor	Date of Second Monthly Contact By Vendor This Month						
<del>-</del>	-	•	<u>-</u>	-						
		reby certify that the information contained herein is valid and accurate ces have been provided in compliance with $34CFR363.6(c)(3)$ .:	to							
Signature of E	Signature of Executive Director or person of comparable authority:									
			Date:							

3 of 3 6/16/2017

### OPwDD TRANSFER CONSUMERS ONLY (\$3,200 Annual Rate)

	Agency:		XYZ Career Center		Contract No.	C010000			
	Month/Year:		October 2014		<u>-</u>				
	CaMS ID Number	ACCES-VR District Office	Consumer Name	Date of Entry Into Extended Svc.	Date of First Monthly Contact By Vendor This Month	Date of Second Monthly Contact By Vendor This Month			
1	AA5609	Manhattan	David Green	1/1/2002	10/1/2014	10/15/2014			
2	ES0589	Bronx	Josephine Apple	9/15/2003	10/11/2014	10/31/2014			
3	TY7865	Queens	Mark Davidson	3/16/2000	10/8/2014	10/10/2014			
4	MM6309	Mid-Hudson	William Washington	4/20/2001	10/16/2014	10/18/2014			
5									
	TOTAL OPwDD TRANSFER EXTENDED SERVICES PROVIDED:  OPwDD Transfer Monthly Rate  OPwDD Transfer Payment Total (Monthly Contact Count * Rate)								
TOTAL PAYMENT FOR OPWDD TRANSFER EXTENDED SERVICES:  Statement of Certification: I hereby certify that the information contained herein is valid and accurate to the best of my knowledge. Services have been provided in compliance with 34CFR363.6(c)(3).:									
Signature of Executive Director or person of comparable authority:									

Date:

1 of 1 6/16/2017