

**Job Placement Services**

**Monthly Placement Activity Report**

**Check Appropriate Box:**

[ ]  **929X-Job Seeking and Development Services**

[ ]  **935X-Job Seeking and Development Services (Deaf Service)**

[ ]  **931X-Job Placement**

[ ]  **936X-Job Placement (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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Summarize the services provided during the report month: (Activities, number of contacts with the participant, level of participant participation, barriers addressed, and ongoing issues needed to be resolved) |
| Click to enter |
|  |  |  |  |  |  |  |  |  |
| Hours of service provided this report month: | Click to enter |
|  |  |  |  |  |  |  |  |  |
| **Please note a minimum of 10 hours of service are required monthly.**  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Result: |  |  |  |  |
|  | Click to enter | Click to enter |
|  | Comments:  |  |
|  | 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 |