

**Supported Employment**

**Monthly Progress**

|  |  |  |
| --- | --- | --- |
| 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: |   |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

|  |  |
| --- | --- |
| **Complete as Appropriate:** |  |
| Date of Service Interrupted: | Click to enter |
| Date of Re-Entry to Intensive Services: | Click to enter |
| Status of Extended Funding: | Click to enter |
| Date of Program Termination: | Click to enter |

**Progress Toward Current Employment Goals**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 1. | Current employment goal(s): |
|  | Click to enter |
|  |  |
| 2. | Was a minimum of five hours of services completed for during this report month?  |[ ]  Yes |[ ]  No |  |
|  | If no, please explain why the requirement was not met: |  |  |  |  |  |
|  | Click to enter |
|  |  |  |  |  |  |  |
| 3. | Has a change in goals been discussed? |[ ]  Yes |[ ]  No |  |
|  |  |  |  |  |  |  |
|  | If Yes, please discuss with VRC, list date of contact & summarize agreement here: |
|  | Date: | Click to enter | Click to enter |
|  |  |  |  |  |  |  |  |
| 4. | Are there additional barriers or new strategies to alleviate existing barriers to employment beyond those described on the VR Intensive Service Plan (VR-ISP)? |[ ]  Yes |[ ]  No |  |
|  | If Yes, please specify & identify strategies utilized. |  |  |  |  |  |
|  | Click to enter |  |
|  |  |  |
| 5.  | Please describe services provided this month: |
|  | Click to enter |
|  |  |  |  |  |  |  |  |
| 6. | Please note any barriers that have been alleviated in the past month and how this was achieved.  |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |
| 7. | Please note any additional concerns with obtaining and maintaining employment and the plan to alleviate these concerns.  |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |

**Job Development Contacts**

Please list any new business contacts made during this month. Additional comments are not required, but can be included to explain services beyond those available in the check boxes such as next steps:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| 1. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 2. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 3. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 4. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 5. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 6. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 7. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 8. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 9. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| 10. | Date of Contact: | Business Name: | Name of Person Contacted: |  |
|  | Click to enter | Click to enter | Click to enter |  |
|  | Type of Contact: |  | Check as appropriate: |  |  |  |  |
|  |[ ]  In person |  |[ ]  Application Completed |  |  |  |  |
|  |[ ]  Phone |  |[ ]  Interview Completed |  |  |  |  |
|  |[ ]  Email |  |[ ]  Interview Scheduled |  |  |  |  |
|  |[ ]  Other, Specify |  |[ ]  Job Filled by another applicant |  |  |  |
|  |  |  |  |[ ]  Participant no longer interested |  |  |  |
|  |  |  |  |[ ]  Hired |  |  |  |  |
|  | Comments: |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 1. | Are there any changes anticipated in the job development (goal, geographic region, etc.) over the coming month? |[ ]  Yes |[ ]  No |  |
|  | If Yes, please explain: |  |  |  |  |  |
|  | Click to enter |  |
|  |  |  |  |  |  |  |  |
| 2. | Additional Comments/Concerns: |
|  | 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 |