

**Assessment Services**

**Functional Capacity Evaluation Cover Sheet**

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| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

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| **Functional Capacity Evaluation Details*****Note:*** This is a billing cover sheet to accompany the evaluation. A Functional Capacity Evaluation should be submitted with the VR-052X.**This is a Final Report Submitted for Payment** |
| **Start Date:** Enter Start Date |  **End Date:** Enter End Date |
| **Drop Out Date (if applicable):** Enter Date |
| **Was a conference with the Customer and the VRC offered?** [ ] Yes [ ] No |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |