



Assessment Services

Functional Capacity Evaluation Cover Sheet

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Functional Capacity Evaluation Details	
<i>Note:</i> 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:	End Date:
Drop Out Date (if applicable):	
Was a conference with the Customer and the VRC offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed By:

_____ Printed Name

_____ Title

Phone:

Email: