**Entry Services**

**Entry Service I – Service to Groups**

**Orientation Vendor Report Form**

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| --- | --- |
| Authorization # | Enter AV #. |

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| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
|  | SFS Vendor ID: SFS Vendor ID. |
| Session Location: Click to enter.  | Session Date: Click to enter date. |
|  Session Start Time: Enter session start time. | Session End Time: Enter session end time. |

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| **ACCES-VR Orientation Details*****Note:*** Unit of service is one session (1.5 – 2 hours in duration)Not to be provided as an individual service |
|  **Number of individuals in attendance:** Enter number of attendees.  |
|  **Did each individual complete a Customer** **Survey?** | [ ] Yes | [ ] No |
|  **If not, please explain:** Click to enter text. |

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| **Source of Referral to ACCES-VR** |
|[ ]   **Advertising** |[ ]   **Independent Living Center** |
|[ ]   **Recovery Program** |[ ]   **Medical Provider** |
|[ ]   **Educational Institution** |[ ]   **Probation / Parole** |
|[ ]   **Family / Friends** |[ ]   **Rehabilitation Agency** |
|[ ]   **Other** |  |  |
|  **Additional Comments:** Please provide any additional comments  |

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