**Entry Services**

**Entry Service I – Service to Groups**

**Orientation Vendor Report Form**

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

|  |  |
| --- | --- |
| 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 | | | |

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