



Entry Services

Entry Service I – Service to Groups

Orientation Vendor Report Form

Authorization #	
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VR District Office:	Vendor:
	SFS Vendor ID:
Session Location:	Session Date:
Session Start Time:	Session End Time:

ACCES-VR Orientation Details	
<i>Note:</i> 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:	
Did each individual complete a Customer Survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please explain:	

Source of Referral to ACCES-VR	
<input type="checkbox"/> Advertising	<input type="checkbox"/> Independent Living Center
<input type="checkbox"/> Recovery Program	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Probation / Parole
<input type="checkbox"/> Family / Friends	<input type="checkbox"/> Rehabilitation Agency
<input type="checkbox"/> Other	
Additional Comments:	

Completed By:

Printed Name

Title

Phone:

Email: