

**Entry Services**

**Entry Service II - Service to Individuals**

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

|  |  |
| --- | --- |
| **Entry Service Details**  ***Note:*** Unit of service is submission of a completed application and eligibility determination information  **This is a Final Report Submitted for Payment** | |
| **Please indicate the application assistance provided and disability documentation**  **submitted below:** | |
|  | Application for VR Services (VR-04) |
|  | Information Release Authorization (VR-21) (3 Copies) |
|  | Information Release Authorization (VR-22) (3 Copies) |
|  | Confidential Health Assessment (VR-26) |
|  | Application Information Sheet |
|  | Voter Registration |
|  | Other Information: Please describe. |
|  |

|  |  |  |
| --- | --- | --- |
| **Disability Information Submitted:** | | |
|  | Documentation of Social Security Disability, SSI and/or Public Assistance benefits | |
|  | Physician Cover Letter with Release to Work / Estimated Physical Capacities Form | |
|  | Workers Compensation Authorization to Disclose (OC-110A) | |
|  | Medical/Psychological Report | |
|  | Please Specify the Type and Date of Report | |
| **Report Type** | | **Date** |
| Enter Report Type here. | | Date of Report. |
| Enter Report Type here. | | Date of Report. |
| Enter Report Type here. | | Date of Report. |
| Observations: (Please provide detailed information regarding the individual’s physical or mental impairment, functional limitations, impediments to employment, treatment history (as applicable), education  and work history.)  Enter observations and other details here. | | |

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

|  |
| --- |
| **For ACCES-VR use Only:** |
| If packet is incomplete, please note the date the provider was notified: Enter Date. |