

**Entry Services**

**Entry Service II - Service to Individuals**

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| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

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| 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. |

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| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

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| **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. |
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|  **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. |

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

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