



## Entry Services

### Entry Service II - Service to Individuals

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

**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:

**VR-118X**

**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

**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.)

**Completed By:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

Phone:

Email:

**For ACCES-VR use Only:**

If packet is incomplete, please note the date the provider was notified: