

**Supported Employment Services**

**Intake Report**

|  |  |
| --- | --- |
| 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. |
| Service Date: Click to enter a date. | 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 | |

|  |  |
| --- | --- |
| **Intake/Initial Assessment**  **This is a Final Report Submitted for Payment** | |
| Has the customer been served by your agency’s Supported Employment Department within the past twelve (12) months?  **(Note: If Yes, this service cannot be vouchered)** | Yes  No |
| Based on the referral information and your discussion, is your agency able to assist the customer in finding employment consistent with the stated employment goal in the referral information and on the IPE?  Yes  No  If No, please explain: Enter explanation if applicable. | |
| Are there any assets/barriers related to the disability that you need to discuss with the VRC prior to the development of the VR Individualized Service Plan?  Yes  No  If Yes, please explain: Enter explanation if applicable. | |

|  |  |  |
| --- | --- | --- |
| Please summarize the initial meeting, assess the appropriateness of vocational goal, assets/barriers, job search methodologies, mutual expectations, willingness to work and reasonable expectations that job development will be successful. | | |
| Click here to enter intake summary | | |
| **Extended Funding Source**  **Note:** ACCES-VR Supported Extended Funding and ACCES-VR Youth Supported Extended are utilized only after OPWDD and/or OMH funding have been explored and denials issued or verification is provided that an application for the extended funding has been submitted to an extended funding source**.** | | |
| **Extended Funding Source:** | ACCES-VR | ACCES-VR Youth |
| OPWDD | OPWDD (pending) |
| OMH | PROS |
| ***Note:*** If extended funding approval is pending, please indicate the current application status:  Click here to enter status of application for SE Extended Services funding | | |
| Please list the next steps, including the next scheduled appointment.  Next Steps / Appointment Click here to enter Next Steps. | | |
|  | | |
| Were the services commenced within the required 10 days from the receipt of authorization?  Yes  No | | |
| If No, please explain: Enter explanation if applicable. | | |

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