



Supported Employment Services Intake Report

Authorization #	
Aware Participant ID	

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

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

Intake/Initial Assessment
This is a Final Report Submitted for Payment
<p>Has the customer received any services, including training or work readiness from your agency's job placement staff within the past 12 months? (If Yes, this service cannot be vouchered) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please explain:</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain:</p>

VR-571X

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.

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:	<input type="checkbox"/> ACCES-VR	<input type="checkbox"/> ACCES-VR Youth
	<input type="checkbox"/> OPWDD	<input type="checkbox"/> OPWDD (pending)
	<input type="checkbox"/> OMH	<input type="checkbox"/> PROS

Note: If extended funding approval is pending, please indicate the current application status:

Please list the next steps, including the next scheduled appointment.

Date Referral Received:

Was this report completed and submitted within the required 10 days from the receipt of authorization? Yes No

If No, please explain:

Completed By:

Printed Name

Title

Phone:

Email: