

**Adjunct Services**

**790X - Coaching Supports - Not Job Placement Related**

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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. |
| Service Month: Enter month of service. | 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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| **Coaching Support Details**  Unit of service = 1 hour |
| |  | | --- | | **Total Number of hours Authorized for 790X:** Enter total hours Authorized. | | **Total Number of hours Provided during service month:**  Enter total Monthly hours. | | **Total Number of hours Used to Date including reporting period:** Enter total hours to Date. | | **List service dates:** Enter service dates. | |
| **Please Discuss the Identified Outcome(s) of Coaching Support:**  Enter identified outcome of coaching support. |
| **Please Describe the Progress This Month and to Date:**  (Identify barriers addressed and any ongoing issues or concerns necessitating coaching)  Document progress made . |
| **Discuss the Recommended Next Steps to Reach Intended Outcome of Services:**  Indicate next steps to reach desired outcome of services. |
| **Please include any additional comments or recommendations:**  Click to enter comments. |

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