

**Adjunct Services**

**Coaching and Communication Supports for Post-Secondary Education and Employment**

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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. |
|  Month of Service: Enter month of service here. | 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 and Communication Supports**Unit of service = 1 hour |
| **Total Number of hours Authorized for 792X:** 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. |
| **Is communication determined to be a functional limitation for the customer?** |
| [ ]  Yes | [ ]  No |
| **Contact with the customer has occurred in which setting?** |
|  [ ]  Post-Secondary Education | [ ]  Competitive, Integrated Employment |
| **Please Describe the Coaching and Communication Supports provided this month:**(Identify barriers addressed and any ongoing issues or concerns necessitating coaching)Document Coaching supports and progress made. |
| **Is a time sheet attached to this Report?** |
| [ ]  Yes | [ ]  No |
| **Please include any additional comments and next steps:**Additional Comments and Next Steps. |

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