

**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. |