



## Adjunct Services

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

Authorization #	
Aware Participant ID	

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

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

Coaching and Communication Supports Unit of service = 1 hour
<p><b>Total Number of hours Authorized for 792X:</b></p> <p><b>Total Number of hours Provided during service month:</b></p> <p><b>Total Number of hours Used to Date including reporting period:</b></p> <p><b>List service dates:</b></p>
<p><b>Is communication determined to be a functional limitation for the customer?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes                 <span style="margin-left: 200px;"><input type="checkbox"/> No</span> </p> <p><b>Contact with the customer has occurred in which setting?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Post-Secondary Education                 <span style="margin-left: 100px;"><input type="checkbox"/> Competitive, Integrated Employment</span> </p> <p><b>Please Describe the Coaching and Communication Supports provided this month:</b> (Identify barriers addressed and any ongoing issues or concerns necessitating coaching)</p>

**Is a time sheet attached to this Report?**

Yes

No

**Please include any additional comments and next steps:**

**Completed By:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

Phone:

Email: