

**Job Placement Services**

**Direct Placement Intake**

**Unit of Service: Intake Meeting (Flat Rate)**

|  |  |
| --- | --- |
| 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 Date: Click to enter a date. | 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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| **Intake/Initial Assessment**  **This is a Final Report Submitted for Payment** | | |
| Has the customer been served by your agency’s Job Placement Department within the past twelve (12) months?  **(Note: If Yes, this service cannot be vouchered)** | | Yes  No |
|  | |  |
| 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? | | |
|  | | Yes  No |
| If not, please explain: Enter explanation if applicable | | |
| 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.  Click here to enter intake summary | | |
| Is the customer ready to participate in Job Development? | |  |
|  | Yes  No | |
| If not, Please Explain: Click here to enter      Describe Next Steps: Click here to enter next steps | | |
| Date of Next Service: Click here to enter a date. | | |
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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |