



Job Placement Services

Direct Placement Intake

Unit of Service: Intake Meeting (Flat Rate)

Authorization #	
Aware Participant ID	

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

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

Intake/Initial Assessment

This is a Final Report Submitted for Payment

Has the customer received any training or work readiness services from your agency's job placement staff within the past 12 months?

Yes No

(Note: If Yes, this service cannot be vouchered)

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:

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.

VR-921X

Is the customer ready to participate in Job Development?

Yes No

If not, Please Explain:

Describe Next Steps:

Date of Next Service:

Completed By:

Printed Name

Title

Phone:

Email: