

**Job Placement Services**

**Check Appropriate Box:**

[ ]  **929X - Job Seeking and Development Services**

[ ]  **935X - Job Seeking and Development Services (Deaf Service)**

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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. |
|  | 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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| **Vocational Goal and Job Development Plan****This is a Final Report Submitted for Payment** |
| **Customer’s Employment Goal:** |  Click to enter IPE Employment Goal |
| ***Please Note:*** If this goal is different from the agreed upon goal on the referral form, indicate date of VRC, Customer and Vendor agreement to the goal change: Insert date if needed. |
| **Barriers or Limitations to Employment:** (Described in the referral & discussed at intake) Click to describe any barriers or limitations discussed  |
| **Please Detail a Plan for Services** (Describe Job Development Services, Strategies and Activities conducted by the service provider would be for a minimum of ten hours monthly. Click to describe the plan for job placement services  |

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| **Is the customer’s updated resume included with this report?**(*Please Note*: An updated resume is required to be submitted with the 929X/935X)  |
|  | [ ]  Yes [ ]  No |
|  |  |
|  Is the Customer registered at the local One-Stop Career Center? (Provider should advise and assist the customer to register at the local One-Stop Career Center)  |
|  | [ ]  Yes [ ]  No |
|  Enter NYS OSOS ID# Click here to enter number (if known). |
| If the customer is not registered, please document your discussion, indicating that registration with the Career One Stop is encouraged, and provides additional community resources for job search. Click here to enter Career One Stop discussion. |

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| Customer Signature |  | Date |
| Enter customer name here. |  |  |
| Printed Name |  |  |

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