



## Job Placement Services

**Check Appropriate Box:**

- 929X - Job Seeking and Development Services**
- 935X - Job Seeking and Development Services (Deaf Service)**

Authorization #	
Aware Participant ID	

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

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

<p><b>Vocational Goal and Job Development Plan</b>  <b>This is a Final Report Submitted for Payment</b></p>
<p><b>Customer’s Employment Goal:</b></p>
<p><b>Please Note:</b> 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:</p>
<p><b>Barriers or Limitations to Employment:</b> (Described in the referral &amp; discussed at intake)</p>
<p><b>Please Detail a Plan for Services</b> (Describe Job Development Services, Strategies and Activities conducted by the service provider would be for a minimum of ten hours monthly.)</p>

**VR-929 / VR-935X**

**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#**

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.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Completed By:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone:

Email: