

**Job Placement Services**

**Check Appropriate Box:**

**959X - Coaching Supports for Employment**

**563X - Coaching Supports for Employment-Deaf Services**

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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. |
| Service Month: Enter month of service. | 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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| **Coaching Support Details**  Unit of service = 1 hour |
| Total Number of hours authorized for 959X/563X: Enter total hours Authorized. |
| Total Number of hours provided during report month: Enter total Monthly hours. |
| Total number of hours used to date including current month: Total hours to Date. |
| Assistance and support provided: (check one)  On the Job Site  Off the job Site  Both |
| Describe the current status of the customer’s employment:  Enter Employment Details. |
| Provide detailed description of Coaching and other Support services provided to the customer. Please include service date(s), numbers of hours and outcome of the intervention. (***Note:*** If additional services are needed a justification is required).  Describe Services Provided & Outcome on Employment. |

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