



Job Placement Services

Check Appropriate Box:

- 959X - Coaching Supports for Employment**
- 563X - Coaching Supports for Employment-Deaf Services**

Authorization #	
Aware Participant ID	

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

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

Coaching Support Details Unit of service = 1 hour
Total Number of hours authorized for 959X/563X:
Total Number of hours provided during report month:
Total number of hours used to date including current month:
Assistance and support provided: (check one) <input type="checkbox"/> On the Job Site <input type="checkbox"/> Off the job Site <input type="checkbox"/> Both
Describe the current status of the customer's employment:

VR-959X / VR-563X

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).

Completed By:

_____ Printed Name

_____ Title

Phone:

Email: