

**Job Placement Services**

**Monthly Placement Activity Report**

**Check Appropriate Box:**

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| --- | --- |
| 929X Job Seeking and Development | 935X Job Seeking and Development (Deaf) |
| 931X Job Placement | 936X Job Placement (Deaf) |

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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. |
| Month of Service: Click to enter date. | 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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| **Service Information** |
| Summarize the services provided during the report month: (Activities, number of contacts with the customer, level of customer participation, barriers addressed, and ongoing issues needed to be resolved)  Click here to enter job development summary.  Hours of service provided this report month: Click here to enter hours  **Note: Job placement requires a minimum of 10 hours of service monthly.** |

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| **Business Contacts** | | |
| **1.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **2.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **3.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **4.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **5.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **6.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **7** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **8.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **9.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| **10.** | | |
| Contact Date:  Click to enter date. | Business Name:  Enter Business Name. | Person Contacted:  Enter Contact Name. |
| Contact Type:  Choose an item. | Outcome of Contact Click here to enter text. | |
| Comments: Click here to add comments and follow-up steps. | | |
| Please include any additional information or recommendations:  Click here to enter text. | | |

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