

Job Placement Services Monthly Placement Activity Report

Check Approp	riate box:				
☐ 929X Job S	eeking and Development	☐ 935X Job Seeking and Development (Deaf)			
☐ 931X Job Placement		☐ 936X Job Placement (Deaf)			
	Authorization # Aware Participant ID				
VR District Office:		Vendor:			
VRC Name:		SFS Vendor ID:			
Month of Servi	ice:	Report Date:			
Customer First Name:		Customer Last Name:			
Customer Pho					
Customer Email Address:					
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)					
Hours of service provided this report month: Note: Job placement requires a minimum of 10 hours of service monthly.					

Business Contacts 1.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:	,			
2.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:				
3.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:				
4.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:				
5.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:				
6.				
Contact Date:	Business Name:	Person Contacted:		
Contact Type:	Outcome of Contact			
Comments:				

7			
Contact Date:	Business Name:	Person Contacted:	
Contact Type:	Outcome of Contact		
Comments:	,		
8.			
Contact Date:	Business Name:	Person Contacted:	
Contact Type:	Outcome of Contact		
Comments:	,		
9.			
Contact Date:	Business Name:	Person Contacted:	
Contact Type:	Outcome of Contact		
Comments:			
10.			
Contact Date:	Business Name:	Person Contacted:	
Contact Type:	Outcome of Contact	L	
Comments:			
Please include an	y additional information or rec	ommendations:	

Completed By:	
Printed Name	Title
Phone:	Fmail [.]