



Job Placement Services

Monthly Placement Activity Report

Check Appropriate Box:

<input type="checkbox"/> 929X Job Seeking and Development	<input type="checkbox"/> 935X Job Seeking and Development (Deaf)
<input type="checkbox"/> 931X Job Placement	<input type="checkbox"/> 936X Job Placement (Deaf)

Authorization #	
Aware Participant ID	

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

Customer First Name:	Customer Last Name:
Customer Phone Number:	
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.

VR-JP-MPAR

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:		

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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	
Comments:		
Please include any additional information or recommendations:		

Completed By:

Printed Name

Title

Phone:

Email: