**VR-MPAR** (12/13)



AV #:	(7 digits)			
ACCES-VR ID #:(6 digits)				
CaMS ID #:	(10 digits)			

## **Job Placement Services** Monthly Placement Activity Report

**Check Appropriate Box (Report Each Service Separately):** 

Job Seeki	ing and Job	Development	t Services	- Tier 2 – 929X
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- Job Seeking and Job Development Services (Deaf Service) Tier 2–935X
- Job Placement Tier 3 931X
- Job Placement (Deaf Service) Tier 3–936X

VR District Office:	Provider:	
VR Counselor Name:	Service Date: Month: Year:	

Consumer Name: First:	Middle:	Last:
Consumer Phone Number:		
Consumer Email Address:		

Narrative: (i.e., describe activities, number of contacts with this consumer, level of consumer participation, barriers addressed and ongoing issues needed to be resolved)

Hours of Service:

**Employer Contacts:** 

1.

- 2.
- 3.
- 4.

5.

## **VR-MPAR** (12/13)



Completed By: Phone Number: Email Address:

Title: Date: