



VR-REV

## CRS Performance Review

Date:

Provider Name:

Contract Year:

☐  
☐  
☐

Onsite  
Internet  
Telephone

Names of Individuals Taking Part in the Meeting

**Vendor:**

**ACCES-VR:**

- ☐ Supported Employment Information Directory
- ☐ Supported Employment Corrective Action Plan- if applicable
- ☐ Vendor Survey Results
- ☐ CRS Indicators (Report is Titled UCS)
- ☐ CRS Utilization (Report is Titled UCS)
- ☐ CRS Hot and Cold Report

Comments:

Review of Documentation Related to Accessibility, Health and Safety:

No Concerns

☐

Concerns

☐

Concerns in what Area:

- ☐ Health and Safety Inspection
- ☐ Transportation licenses
- ☐ Staff Resumes
- ☐ Curriculum for Work Readiness I, II and III
- ☐ ADA Accessibility Guidelines
- ☐ Emergency Response Plan
- ☐ Certificate of Occupancy
- ☐ Confidentiality of Consumer Records

Does Site Need Further Review:

☐

Yes

☐

No

Comment/Recommended Review:

Contracted Services (check all that apply and attach CRS Appendix B-1):

Please Report on Each Service Separately (add additional sheets if necessary)

**Service and/or Case Service Code:**

**Comments/Remediation:**

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Additional Comments/Remediation:

## VR-REV

### Summary

Total Contract Utilization Review: ☐ On Track  
☐ Under  
☐ Over

**Narrative:**  
(Issues; performance; strengths; improvement opportunities; etc.)

Next Steps

Next Review Scheduled for

### ACCES-VR

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

### Provider

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_