



## Supported Employment Services Intake Report

Authorization #	
Aware Participant ID	

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

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Intake/Initial Assessment
This is a Final Report Submitted for Payment
<p>Has the customer received any services, including training or work readiness from your agency's job placement staff within the past 12 months? (If Yes, this service cannot be vouchered) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Based on the referral information and your discussion, is your agency able to assist the customer in finding employment consistent with the stated employment goal in the referral information and on the IPE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please explain:</p>
<p>Are there any assets/barriers related to the disability that you need to discuss with the VRC prior to the development of the VR Individualized Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain:</p>

