LRS SE1-A

## SUPPORTED EMPLOYMENT COMMUNITY BASED ASSESSMENT ACTIVITIES FORM (Milestone 1)

I.

C	onsumer:	vendor:	Date:
LI	RS Counselor:	Case Number:	
	he Activities Summary must be coneport.	mpleted and included as the last pa	ge of the Narrative Assessment
INI	DIVIDUALS CONTACTED:		
1.	Name:		o Consumer:
	Date:Type of Contac	t: $\square$ Phone – Phone #:	
		☐ On-site Visit – Location:	
		Mastina I sastian	
	Others Present (if applicable):	Mars a.	
		Relationship to consumer:	
		Name:	
		Relationship to consumer:	
2.	Name:Type of Contact:		o Consumer:
	<b>,</b> ,		
		☐ Meeting – Location:	
	Others Present (if applicable):	Name:	
	( 11	Relationship to consumer:	
		Name: Relationship to consumer:	
		-	
3.	Name:	Relationship to	o Consumer:
	Date:Type of Contact:	<u> </u>	
		☐ Meeting – Location:	
	Others Present (if applicable):	Name:	
	, 11 /	Relationship to consumer:Name:	
		Relationship to consumer:	
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## SUPPORTED EMPLOYMENT COMMUNITY BASED ASSESSMENT ACTIVITIES FORM (Milestone 1)

Others Present (if applicable):  Name: Relationship to consumer: Name: Relationship to consumer:  Type of Contact:  Date: Type of Contact:  Name: On-site Visit – Location:  Others Present (if applicable):  Name: Relationship to consumer: Name: Relationship to consumer: Relationship to consumer: Name: Relationship to consumer: Name: Relationship to consumer: Name: Relationship to consumer: Name: Address:	<ol> <li>2.</li> <li>3.</li> </ol>	Date: Type of Busine  Name: Type of Busine  Date: Type of Busine  Date: Type of Busine	Address:  Address:  Address:
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