

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

Consumer: _____ **Vendor:** _____ **Date:** _____

LRS Counselor: _____ **Case Number:** _____

The Activities Summary must be completed and included as the last page of the Narrative Assessment Report.

I. INDIVIDUALS CONTACTED:

1. Name: _____ Relationship to Consumer: _____

Date: _____ Type of Contact: Phone – Phone #: _____

On-site Visit – Location: _____

Meeting – Location: _____

Others Present (if applicable): Name: _____

Relationship to consumer: _____

Name: _____

Relationship to consumer: _____

2. Name: _____ Relationship to Consumer: _____

Date: _____ Type of Contact: Phone – Phone #: _____

On-site Visit – Location: _____

Meeting – Location: _____

Others Present (if applicable): Name: _____

Relationship to consumer: _____

Name: _____

Relationship to consumer: _____

3. Name: _____ Relationship to Consumer: _____

Date: _____ Type of Contact: Phone – Phone #: _____

On-site Visit – Location: _____

Meeting – Location: _____

Others Present (if applicable): Name: _____

Relationship to consumer: _____

Name: _____

Relationship to consumer: _____

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4. Name: _____ Relationship to Consumer: _____

Date: _____ Type of Contact: Phone – Phone #: _____

On-site Visit – Location: _____

Meeting – Location: _____

Others Present (if applicable): Name: _____

Relationship to consumer: _____

Name: _____

Relationship to consumer: _____

5. Name: _____ Relationship to Consumer: _____

Date: _____ Type of Contact: Phone – Phone #: _____

On-site Visit – Location: _____

Meeting – Location: _____

Others Present (if applicable): Name: _____

Relationship to consumer: _____

Name: _____

Relationship to consumer: _____

II. OTHER PLACES/EMPLOYMENT SITES VISITED:

1. Name: _____ Address: _____

Date: _____ Type of Business: _____

2. Name: _____ Address: _____

Date: _____ Type of Business: _____

3. Name: _____ Address: _____

Date: _____ Type of Business: _____

III. OTHER COMMENTS/DOCUMENTATION/CONTACTS:

Completed by: _____ Title: _____ Date: _____