



State of Florida, Department of Education
Division of Vocational Rehabilitation (VR)
Youth Peer Mentoring Services Activities Monthly Report (Y10502, E10502)

Customer Name:	Date Submitted:
Customer VR ID Number:	Peer Mentor:
Provider Agency:	Peer Mentor Coordinator:
Report Month (Ex. Jan/2018):	Request for Additional Hours: (indicate below)

Service Category: Enter A, B, and or C: A- Community Service Organizations, B- Social Engagement Support Groups, C- Employment Related Networks

Hours: Enter time spent with youth in .25 hour increments of time (i.e. .25, .50, .75, 1.0).

Providers may bill for up to 1.0 hour within one month for planning self-advocacy activities when customer fails to show for an appointment.

Date	Service Types	Notes (Describe Activities Here)	Hours
Total Service Hours:			