## Community Rehabilitation Program (CRP) Generic Update Report

<table>
<thead>
<tr>
<th>DVR COUNSELOR</th>
<th>DVR OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSTOMER'S NAME</td>
<td>CUSTOMER'S SOCIAL SECURITY NUMBER XXX-XX-</td>
</tr>
<tr>
<td>CONTRACTOR'S NAME</td>
<td></td>
</tr>
<tr>
<td>NAME(S) OF CONTRACTOR STAFF (E.G., EMPLOYMENT SPECIALIST)</td>
<td></td>
</tr>
</tbody>
</table>

### Activity: Attached additional sheets as necessary.

- **Activity date:**
  - **Activity performed:** Choose one.
  - **Detail of activity performed:**

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  - **Activity performed:** Choose one.
  - **Detail of activity performed:**

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  - **Activity performed:** Choose one.
  - **Detail of activity performed:**

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  - **Activity performed:** Choose one.
  - **Detail of activity performed:**

### Comments and concerns (e.g., attendance, interpersonal, hygiene, transportation)