



DIVISION OF VOCATIONAL REHABILITATION (DVR)  
**Community Rehabilitation Program (CRP)**  
**Generic Update Report**

DATE
PERIOD (MM/DD/YYYY – MM/DD/YYYY)

DVR COUNSELOR	DVR OFFICE
CUSTOMER'S NAME	CUSTOMER'S SOCIAL SECURITY NUMBER XXX-XX-
CONTRACTOR'S NAME	
NAME(S) OF CONTRACTOR STAFF (E.G., EMPLOYMENT SPECIALIST)	

**Activity: Attached additional sheets as necessary.**

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

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

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

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

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