

## Monthly Progress Report – Job Placement and Follow-Up Services

Placement Professional will complete and submit by the 10<sup>th</sup> of the following month, starting at the Signed Placement Plan meeting through Placement Closure.

### General Information (completed on all monthly reports)

Date Submitted: Report Dates (month/year):

Job Seeker: VRS Counselor:

Placement Professional: Organization:

Waiver Case Manager: Lead Agency:

Other Contact(s): Authorization:

Is the job seeker employed?    Yes    No (If yes, go to “Employment and Follow-Up”. If no, continue)

### Job Search Update (completed during job search phase)

Job Seeker Activities:

Placement Professional’s Activities:

Were all meetings attended by Job Seeker and Placement Professional?    Yes    No

If no, please explain:

Number of employers contacted by Job Seeker and/or Placement Professional:

Name of employers where Job Seeker applied and/or interviewed (or attach a job log):

Number of job interviews (include results):

Details on any declined job offers:

What’s going well:

Plans or changes for the next 30 days (if ending services, why?):

30 days	60 days	90 days	120 days	150 days	180 days
210 days	240 days	270 days	300 days	330 days	360 days

## Employment and Follow-Up (completed starting first shift worked through closure)

Employer Name:

Employer Address (Street, City, State, ZIP Code):

Hourly Wage: \$

Hours per Week:

Job Title:

Start Date (MM/DD/YYYY):

Supervisor:

Benefits: (Check **ALL** benefits offered by the employer regardless of whether they are accepted)

Health

Vacation

Dental

Retirement

Life

Other:

Competitive Integrated Employment?      Yes      No

Who did you, the Placement Professional, obtain this information from?

Job Seeker

Employer (Contact Name and email or phone number):

Parent (Name and email or phone number):

Other (Name and email or phone number):

Date employment information obtained (MM/DD/YYYY):

Number of days from placement plan to first shift of work completed:

## Brief Monthly Update on Follow-Up Activities:

## Job Placement and Follow-Up Service Closure (Final Report)

Employer Name:

Employer Address (Street, City, State, ZIP Code):

Hourly Wage: \$

Hours per Week:

Job Title:

Start Date (MM/DD/YYYY):

Supervisor:

Benefits: (Check **ALL** benefits offered by the employer regardless of whether they are accepted)

Health

Vacation

Dental

Retirement

Life

Other:

Competitive Integrated Employment?      Yes      No

Who did you, the Placement Professional, obtain this information from?

Job Seeker

Employer (Contact Name and email or phone number):

Parent (Name and email or phone number):

Other (Name and email or phone number):

Date employment information obtained (MM/DD/YYYY):

Placement and Follow-Up Close Date (MM/DD/YYYY):

Closure Summary: