

EMPLOYMENT PLACEMENT AND FOLLOW-UP

Caseworker _____

Case # _____

CLIENT NAME: _____ **DOA/DOE:** _____
LAST First Middle

A#: _____ Medical Assistance Yes No

PROGRAM: RSS Cash Assistance RCA: _____

R&P TAP TANF: _____

MG Other: _____ Other: _____

JOB PLACEMENT:

Place of Employment _____ Contact Person _____

Employer Address _____ Title _____

_____ Telephone _____

Position _____ Hrs _____ PT FT Temp

Start Date _____ First Pay Date _____ Pay \$ _____ per _____

Health Benefits? No Yes If yes, when? _____ Pay Frequency: _____

Source of Transportation _____

Comments _____

EMPLOYMENT FOLLOW-UP:

Date	Program	Timeframe	Comments	Cash Assist.		Staff Initial
				Term.	Red.	
	R&P	90 days (A)		<input type="checkbox"/>	<input type="checkbox"/>	
		180 days (A)		<input type="checkbox"/>	<input type="checkbox"/>	
	MG	14 days (P)		<input type="checkbox"/>	<input type="checkbox"/>	
		120 days (E)		<input type="checkbox"/>	<input type="checkbox"/>	
		180 days (A)		<input type="checkbox"/>	<input type="checkbox"/>	
	RSS	14 days (P)		<input type="checkbox"/>	<input type="checkbox"/>	
		90 days (P)		<input type="checkbox"/>	<input type="checkbox"/>	
	TAP	14 days (P)		<input type="checkbox"/>	<input type="checkbox"/>	
		90 days (P)		<input type="checkbox"/>	<input type="checkbox"/>	
	Other:			<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>

Key: (A) = arrival, (E) = enrollment, (P) = placement

Partner Organization:

Note: Use comment section to report any changes in pay, hours, position, and employer as well as any problems or concerns and anticipated action to resolve them.