# Monthly Progress Report- Job Placement and Follow Up Services

***Placement Professional will complete and submit by the 10th 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 Job Seeker employed? Type Yes or No *(If yes, go to “*Employment and Follow Up*” If no, continue)*

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

Job Seeker’s Activities:

Placement Professional’s Activities:

Were all meetings attended by Job Seeker and Placement Professional? Type Yes or 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, and ZIP Code):

Hourly Wage: $

Job Title:

Supervisor:

Hours per Week:

Start Date (MM/DD/YYYY):

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

[ ]  Health

[ ]  Dental

[ ]  Life

[ ]  Vacation

[ ]  Retirement

[ ]  Other:

Competitive Integrated Employment? Type YES or 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, and ZIP Code):

Hourly Wage: $

Job Title:

Supervisor:

Hours per Week:

Start Date (MM/DD/YYYY):

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

[ ]  Health

[ ]  Dental

[ ]  Life

[ ]  Vacation

[ ]  Retirement

[ ]  Other:

Competitive Integrated Employment? Type YES or 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:

Closure Summary: