

**30, 60, 90 DAY
VERIFICATION OF SUCCESSFUL EMPLOYMENT
AND FOLLOW ALONG REPORT**

30 DAYS **60 DAYS** **90 DAYS**

PARTICIPANT: _____ COUNSELOR: _____

EMPLOYER/ADDRESS: _____

SUPERVISOR/MANAGER: _____ WORK PHONE: _____

JOB TITLE: _____

RATE OF PAY: _____ HOURS PER WEEK: _____

START DATE: _____ TODAYS DATE: _____

HEALTH INSURANCE BENEFITS YES NO

PARTICIPANT SIGNATURE: _____ DATE: _____

JOB DEVELOPER SIGNATURE: _____ DATE: _____

SUPERVISOR/EMPLOYER SIGNATURE: _____ DATE: _____

LIST ANY ISSUES OR CONCERNS THAT MAY NEED TO BE ADDRESSED

(Provide supplementary report or continue on new page if more space is required):

Follow Along Contacts (Required)

Date	Time	Method	Spoke/Met	Result
		<input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	
		<input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Other:	<input type="checkbox"/> Employer <input type="checkbox"/> Participant <input type="checkbox"/> Other:	

Form to be submitted with each bill for payment of successful employment progress.