

VERIFICATION OF SUCCESSFUL EMPLOYMENT

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

CLIENT _____ COUNSELOR _____

EMPLOYER/ADDRESS _____

SUPERVISOR/MANAGER _____ WORK PHONE: _____

JOB TITLE _____

RATE OF PAY _____ HOURS PER WEEK _____

START DATE _____ TODAYS DATE _____

HEALTH INSURANCE BENEFITS _____ YES _____ NO

CLIENT SIGNATURE _____ DATE _____

JOB DEVELOPER SIGNATURE _____ DATE _____

PLEASE LIST ANY ISSUES OR CONCERNS THAT MAY NEED TO BE
ADDRESSED _____

WAS MANAGER/SUPERVISOR CONTACTED? _____ YES _____ NO _____ DATE

METHOD OF CONTACT _____ SITE VISIT _____ PHONE CALL

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