

Job Retention 30-,60-,180-Day Follow-Up Checklist

Client's Name: _____ PIN #: _____
Case Name: _____ RFA #: _____

Type Of Follow-Up Completed:

_____ 30-Day _____ 60-Day _____ 180-Day

Current Work Site: _____

Face-To-Face Interview With Client Completed At The Following Location:

_____ Client's Home _____ Work Site _____ DHHR Office
_____ Other (Specify) _____

Current Services Received From DHHR:

Additional Challenges/Barriers	Services To Address/Remove Challenges
1.	
2.	
3.	
4.	
5.	

Employer's Report of Client's Progress: (Check Appropriate Box Below)

	Good	Satisfactory	Needs Improvement
Work Attendance			
Work Habits			
Dependability			
Attitude			
Overall Performance			

Employer's Comments/Concerns/ Recommendations For Improvement:

Employer Contact Completed By: _____ Face-To-Face Interview _____ Phone

Name of Employer Contact: _____

Title of Employer Contact: _____

Date of Employer Contact: _____

Other Needs/Concerns/Observations By Worker:

Client's Signature

Date

Family Support Specialist's Signature

Date