

**West Virginia Department of Health and Human Resources**

**Job Retention 30- and 60-Day Follow-Up Checklist**

Client's Name: \_\_\_\_\_ PIN #: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**Type of Follow-Up Completed:**

☐ 30-Day ☐ 60-Day

Current Work Site: \_\_\_\_\_

**30-Day Interview with Client Completed:**

☐ Client's Home ☐ Work Site ☐ DHHR Office ☐ Phone

☐ Other (Specify) \_\_\_\_\_

**Current Services Received from DHHR:**

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employer's Comments/Concerns/Recommendations for Improvement:**

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**Employer Contact Completed By:**

☐ Face-to-Face Interview ☐ Phone

Name of Employer Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Other Needs/Concerns/Observations by Worker:**

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\_\_\_\_\_  
Clients' Signature  
**(Required Only for  
Face-to-Face Interview)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Support Specialist's Signature

\_\_\_\_\_  
Date