

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:

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:

Employer Contact Completed By:

Face-to-Face Interview Phone

Name of Employer Contact: _____

Title: _____

Date: _____

Other Needs/Concerns/Observations by Worker:

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

Date

Family Support Specialist's Signature

Date