Job Follow-Up Services

| Job Candidate Name: |
|---|
| CRP Staff Name: |
| IVRS Counselor: |
| Responsibilities for team members: > Job Candidate > IVRS > CRP Staff Short and long-term goals for Job Follow-Up Services: |
| Date Job Follow-Up services began: Name of employer: Name of supervisor: Address and zip code of business: Job title: Job duties: Current wage: Current hours per week: Current benefits: |
| Description of Job Follow-up services provided: |
| Feedback on progress in Job Follow-Up: |
| Explanation of newly identified barriers to successful employment: |
| Specific questions or concerns to address: |
| Written description of reason for continued Job Follow-Up services: |
| Anticipated timeline to reduce Job Follow-Up service to monthly: |
| Expected date for stabilization: |
| CRP Representative signature: |
| (Employer signature may also be requested) |
| Service provided: Date(s) of service and hours worked each date: Total number of hours worked: |

CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.

CRP Signature: