**30, 60, 90 Day Follow-Along Report**

[ ]  **30 DAYS** [ ]  **60 DAYS** [ ]  **90 DAYS**

Client Name:       Counselor:

Employer/Address:

Supervisor/Manager:       Work Phone:

Job Title:

Rate of Pay:       Hours per Week:

Start Date:       Today’s Date:

**Explain any change that occurred in the past 30 days**:

[ ]  Increase in Pay       [ ]  Schedule:       [ ]  Received Promotion:

[ ]  Quit:       [ ]  Terminated:       [ ]  Change in Benefits:       [ ]  Other:

Client/Representative Signature:       Date:

Job Developer Signature:       Date:

Supervisor/Employer Signature:       Date:

**Consistent Contact is Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Method | Spoke/Met | Result |
|       |       | [ ]  Text/Email[ ]  Telephone[ ]  Job Site Visit[ ]  Other:       | [ ]  Employer[ ]  Client [ ]  Other:       |       |
|       |       | [ ]  Text/Email[ ]  Telephone[ ]  Job Site Visit[ ]  Other:       | [ ]  Employer[ ]  Client [ ]  Other:       |       |
|       |       | [ ]  Text/Email[ ]  Telephone[ ]  Job Site Visit[ ]  Other:       | [ ]  Employer[ ]  Client [ ]  Other:       |       |
|       |       | [ ]  Text/Email[ ]  Telephone[ ]  Job Site Visit[ ]  Other:       | [ ]  Employer[ ]  Client [ ]  Other:       |       |

**List any issues or concerns that may need to be addressed:**

Form and a copy of the client’s most recent paystub (if this form is not signed by the employer) to be submitted with each bill for payment of successful employment progress. Please submit the completed form to the referring Rehabilitaiton Counselor