



South Central Workforce **FOLLOW-UP** Information Form

Adult Dislocated Worker Youth Other: _____

Name: _____ Seeker ID#: _____ Program Exit Date: _____

Quarter after Exit: Q1 **Q2 Performance Quarter** Q3 **Q4 Performance Quarter**

Calendar Year Quarter: January-March April – June July – September October – December

Credential

Credential Earned Yes No If Yes, Credential at Exit or Quarter 1 2 3 4

Type of Credential: Certificate GED Diploma Post-Secondary

Are they in an education or training program leading to a recognized post-secondary credential within one year after exit from the program? Yes No

Employment

Employed Unemployed

For 2nd Q Performance: Employed with Income included Total Earnings 2nd Q: \$ _____

For 2nd Q Performance: Employed without Income submitted

For 2nd Q Performance: Income Only (Employment already submitted) Total Earnings 2nd Q: \$ _____

Training/Education

Education Training Military Apprenticeship Other _____

Attached:

Employment Verification Income Verification School Enrollment Documentation
 Credential, GED, or Diploma

Required for EACH quarter in file:

Follow-Up Touchpoint

Case Notes/SERVICES Provided: _____

Agency Representative

Date