



SOUTH CENTRAL WORKFORCE PATHWAY HOME 6 FOLLOW-UP INFORMATION FORM

Name: _____ C-OBS # _____ Program Exit Date: _____

After-Exit Follow-Up Quarters:	Q1	Q2 – Performance Quarter	Q3	Q4 – Performance Quarter
Calendar Year Quarter:	Q1 Period Range:	Q2 Period Range:	Q3 Period Range:	Q4 Period Range:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credential Performance Measure Information

Credential Earned:	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was Credential Recorded:	<input type="checkbox"/> At Exit <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4
Type of Credential:	<input type="checkbox"/> Occupational Skills Certificate <input type="checkbox"/> Occupational Skills Licensure <input type="checkbox"/> GED/Diploma <input type="checkbox"/> Post-Secondary Degree		
Credential Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If 'Yes', upload in GPMS the documentation used for the credential verification.</i>	
Are they in an education or training program leading to a recognized post-secondary credential within one year after exit from the program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT PERFORMANCE MEASURE INFORMATION

QUARTER 1

1. Employed in 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Registered Apprenticeship | <input type="checkbox"/> Information Not Available |
| <input type="checkbox"/> Yes, Military | |

2. Type of employment match 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> UI Wage Data | <input type="checkbox"/> Non UI Verification |
| <input type="checkbox"/> Federal Employment Records (OPM, USPS) | <input type="checkbox"/> Information not yet available |
| <input type="checkbox"/> Military Employment Records (DOD) | <input type="checkbox"/> Not employed |

3. Date enrolled in post-exit education or training program leading to a recognized postsecondary credential

4. Wages in 1st Quarter After Exit

Pay Frequency: _____ Wages: _____

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> Annual |

5. Occupational code that best describes participant's most recent employment. (8 digit O-NET code)

6. Occupational Type (industry)

Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered: _____	Agency Representative Signature: _____
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EMPLOYMENT PERFORMANCE MEASURE INFORMATION

QUARTER 2

1. Employed in 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Registered Apprenticeship | <input type="checkbox"/> Information Not Available |
| <input type="checkbox"/> Yes, Military | |

2. Type of employment match 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> UI Wage Data | <input type="checkbox"/> Non UI Verification |
| <input type="checkbox"/> Federal Employment Records (OPM, USPS) | <input type="checkbox"/> Information not yet available |
| <input type="checkbox"/> Military Employment Records (DOD) | <input type="checkbox"/> Not employed |

3. Date enrolled in post-exit education or training program leading to a recognized postsecondary credential

4. Wages in 1st Quarter After Exit

Pay Frequency:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> Annual |

Wages: _____

5. Occupational code that best describes participant's most recent employment. (8 digit O-NET code)

6. Occupational Type (industry)

Information Recorded in GPMS: Yes No
Date Entered:

Agency Representative Signature:

QUARTER 3

1. Employed in 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Registered Apprenticeship | <input type="checkbox"/> Information Not Available |
| <input type="checkbox"/> Yes, Military | |

2. Type of employment match 1st Quarter After Exit?

- | | |
|---|--|
| <input type="checkbox"/> UI Wage Data | <input type="checkbox"/> Non UI Verification |
| <input type="checkbox"/> Federal Employment Records (OPM, USPS) | <input type="checkbox"/> Information not yet available |
| <input type="checkbox"/> Military Employment Records (DOD) | <input type="checkbox"/> Not employed |

3. Date enrolled in post-exit education or training program leading to a recognized postsecondary credential

4. Wages in 1st Quarter After Exit

Pay Frequency:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> Annual |

Wages: _____

5. Occupational code that best describes participant's most recent employment. (8 digit O-NET code)

6. Occupational Type (industry)

Information Recorded in GPMS: Yes No
Date Entered:

Agency Representative Signature:

QUARTER 4

1. Employed in 1st Quarter After Exit?

- Yes
- Yes, Registered Apprenticeship
- Yes, Military
- No
- Information Not Available

2. Type of employment match 1st Quarter After Exit?

- UI Wage Data
- Federal Employment Records (OPM, USPS)
- Military Employment Records (DOD)
- Non UI Verification
- Information not yet available
- Not employed

3. Date enrolled in post-exit education or training program leading to a recognized postsecondary credential

4. Wages in 1st Quarter After Exit

Pay Frequency:

- Hourly
- Weekly
- Biweekly
- Monthly
- Quarterly
- Annual

Wages: _____

5. Occupational code that best describes participant's most recent employment. (8 digit o-net code)

6. Occupational Type (industry)

Information Recorded in GPMS: Yes No
Date Entered:

Agency Representative Signature:

FOLLOW-UP SERVICES

FIRST MONTH POST-EXIT – WEEK 1

Follow-Up Services Provided? Yes No

Date of Follow-Up:

Follow Up service details (select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Assist individual and/or employer with work-related problems | <input type="checkbox"/> General follow-up and case management | <input type="checkbox"/> Peer support groups | <input type="checkbox"/> Provide labor market info or career counseling and exploration services |
| <input type="checkbox"/> Contact participant's employer | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Preparation for transition to postsecondary education and training | <input type="checkbox"/> Referrals to other community services |
| <input type="checkbox"/> Financial literacy education | <input type="checkbox"/> Other | | |

Follow-Up Description:

Information Recorded in GPMS: Yes No

Agency Representative Signature:

Date Entered:

FIRST MONTH POST-EXIT – WEEK 2

Follow-Up Services Provided? Yes No

Date of Follow-Up:

Follow Up service details (select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Assist individual and/or employer with work-related problems | <input type="checkbox"/> General follow-up and case management | <input type="checkbox"/> Peer support groups | <input type="checkbox"/> Provide labor market info or career counseling and exploration services |
| <input type="checkbox"/> Contact participant's employer | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Preparation for transition to postsecondary education and training | <input type="checkbox"/> Referrals to other community services |
| <input type="checkbox"/> Financial literacy education | <input type="checkbox"/> Other | | |

Follow-Up Description:

Information Recorded in GPMS: Yes No

Agency Representative Signature:

Date Entered:

FIRST MONTH POST-EXIT – WEEK 3

Follow-Up Services Provided? Yes No

Date of Follow-Up:

Follow Up service details (select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Assist individual and/or employer with work-related problems | <input type="checkbox"/> General follow-up and case management | <input type="checkbox"/> Peer support groups | <input type="checkbox"/> Provide labor market info or career counseling and exploration services |
| <input type="checkbox"/> Contact participant's employer | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Preparation for transition to postsecondary education and training | <input type="checkbox"/> Referrals to other community services |
| <input type="checkbox"/> Financial literacy education | <input type="checkbox"/> Other | | |

Follow-Up Description:

Information Recorded in GPMS: Yes No

Agency Representative Signature:

Date Entered:

FIRST MONTH POST-EXIT – WEEK 4

Follow-Up Services Provided? Yes No

Date of Follow-Up:

Follow Up service details (select all that apply):

<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			

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Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:	Agency Representative Signature:
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MONTH 2-12 POST-EXIT

Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Follow-Up:
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Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			

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Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:	Agency Representative Signature:
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MONTH 2-12 POST-EXIT

Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Follow-Up:
--	---------------------------

Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			

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Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:	Agency Representative Signature:
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MONTH 2-12 POST-EXIT

Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Follow-Up:
--	---------------------------

Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			

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Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:	Agency Representative Signature:
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MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
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<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
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Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
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<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems	<input type="checkbox"/> General follow-up and case management	<input type="checkbox"/> Peer support groups	<input type="checkbox"/> Provide labor market info or career counseling and exploration services
<input type="checkbox"/> Contact participant's employer	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
<input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other		
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Representative Signature:	
Date Entered:			

<input type="checkbox"/> Contact participant's employer <input type="checkbox"/> Financial literacy education	<input type="checkbox"/> Other	<input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Referrals to other community services
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:		Agency Representative Signature:	
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems <input type="checkbox"/> Contact participant's employer <input type="checkbox"/> Financial literacy education	<input type="checkbox"/> General follow-up and case management <input type="checkbox"/> Mentoring <input type="checkbox"/> Other	<input type="checkbox"/> Peer support groups <input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Provide labor market info or career counseling and exploration services <input type="checkbox"/> Referrals to other community services
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:		Agency Representative Signature:	
MONTH 2-12 POST-EXIT			
Follow-Up Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Follow-Up:	
Follow Up service details (select all that apply):			
<input type="checkbox"/> Assist individual and/or employer with work-related problems <input type="checkbox"/> Contact participant's employer <input type="checkbox"/> Financial literacy education	<input type="checkbox"/> General follow-up and case management <input type="checkbox"/> Mentoring <input type="checkbox"/> Other	<input type="checkbox"/> Peer support groups <input type="checkbox"/> Preparation for transition to postsecondary education and training	<input type="checkbox"/> Provide labor market info or career counseling and exploration services <input type="checkbox"/> Referrals to other community services
Follow-Up Description:			
Information Recorded in GPMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered:		Agency Representative Signature:	