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

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 with same employer from last quarter ☐Employed with different employer from last quarter
☐ Self-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 Service(s) recorded in the State MIS system

Case Notes/Services Provided:

_____ _____

Agency Representative **Date**