



WIA YOUTH PROGRAM

FOLLOW-UP FORM

SS#
Exit Date:

User Name:	First and Last Name:
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Office Location: CFLC Hemet #069 CFLC Lake Elsinore #239 CFLC Rubidoux #272 RESCARE Indio #238
 RESCARE Perris #237 RESCARE MV #332

Quarter Ending: _____ **Follow-Up Type:** 1 ST. Quarter 2 ND. Quarter 3 RD. Quarter 4 TH. Quarter
Contact Date: _____ **Time of Day:** Morning Afternoon Evening
Contact Type: Phone Individual Phone Employer/School Letter or Survey to Individual
 Letter or Survey to Employer/School Worksite Visit Home Visit Other (specify) _____

Employed this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify Quarter Status: <input type="checkbox"/> Uploaded Appropriate Documentation
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Primary Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name:
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Address:	City:	State:	Zip Code:
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Employer Contact Name:	Employer Contact Number:
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Is this employer a federal contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	End Date (if applies):
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Reason for Leaving (if applies): Fired Quit Lay-Off Other:

O*Net Job Title:	O*Net Occupation Code:
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Hourly Wage:	Hours Per Week:	Is this a green job? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this considered Non-Traditional Employment? Yes No

Is this considered Training Related Employment? Yes No If NO:
 Training did not impart job specific skills. Relationship of employment to training cannot be determined.

Entered Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered Placement:
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Entered Post-Secondary Ed. College Entered Advanced Training Entered Military Service Entered Qualified Apprenticeship

Verify Placement: Uploaded Appropriate Documents

Received Credential/Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Credential/Certificate Attained:
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HS Diploma GED/HS Equivalency Diploma AA/AS Degree BA/BS Degree Occupational Skills License
 Occupational Skills Credential/Certificate Other **Verify Certificate:** Uploaded Appropriate Documents

YOUTH FOLLOW UP SERVICES – Check all that apply: Transportation Child Care or Dependent Care Housing
 Referrals Community Resources Referrals to Medical Services Assistance with uniforms/other work attire/work related tools
 Tracking Progress on the job Work related Peer Group Support Assistance with Work Related Problems Adult Mentoring
 Tutoring Leadership Development Other Services: _____

CURRENT STATUS WHEN PRIOR DATA ENTRY OPTIONS ARE NOT PERFORMANCE INDICATORS.

Other Status at Follow-up: None Institutionalized Mandated Residential Youth Program Health/Medical Death
 Reservists Recalled Family Care Lacks Transportation Cannot Locate Exit (transferred) to other LWIA
 Refuse to Continue Transferred to Other Funding Other(specify): _____

YOC Staff First and Last Name:	Date Staff Completed:
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