**Employment & Retention**

**Monthly Report**

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| **Consumer Name:** Click here to enter text. | **Consumer’s Birthdate:** Click here to enter text. |
| **OVR Counselor:** Click here to enter text. |
| **Has the consumer’s contact information changed? Yes** [ ]  **No** [ ]  |
| *If yes, please provide new address:* Click here to enter text. |
| *New e-mail*: Click here to enter text. | *New phone #:* Click here to enter text. |
| **Consumer’s Employment Goal:** Click here to enter text. |
| **Summary:** *(Examples: resume development, observations, interview prep, support services)*Click here to enter text. |

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| **Case Closed by Provider:** Yes [ ]  No [ ]  |
| If yes, state reason: Click here to enter text. |

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| Signature of ES: |  |
| Please Print Name of ES: | Click here to enter text. |
|  Provider Name: | Click here to enter text. |
| Date: | Click here to enter text. |

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| **Job Search History** |
| Consumer Name:       |
| Employer Name:       | Job Title:       |
| Contact Person(s) Name:        | Phone Number(s):       |
| Date Application Resume Submitted:       | Follow-up Interview Date and Time:       |
| Results:       |

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| **Job Search History** |
| Consumer Name:       |
| Employer Name:       | Job Title:       |
| Contact Person(s) Name:        | Phone Number(s):       |
| Date Application Resume Submitted:       | Follow-up Interview Date and Time:       |
| Results:       |

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| Consumer Name:       |
| Employer Name:       | Job Title:       |
| Contact Person(s) Name:        | Phone Number(s):       |
| Date Application Resume Submitted:       | Follow-up Interview Date and Time:       |
| Results:       |