**Employment & Retention**

**Monthly Report**

|  |  |
| --- | --- |
| **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. | |

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

|  |  |
| --- | --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| **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: | | |

|  |  |  |
| --- | --- | --- |
| **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: | | |

|  |  |  |
| --- | --- | --- |
| **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: | | |